

THE HADFIELD TRUST EVALUATION FORM

NAME OF ORGANISATION

**NAME AND ADDRESS OF
CONTACT:**

GRANT AMOUNT:

DATE AGREED:

DATE PAID:

SPECIAL PURPOSE OF GRANT:

WHY WAS IT NEEDED:

PLEASE DESCRIBE THE AREAS OF WORK WHICH HAVE RESULTED FROM THE GRANT OR WHICH THE GRANT ASSISTED WITH, DRAWING ATTENTION TO ANY PARTICULAR ACHIEVEMENTS:

PLEASE DESCRIBE THE DIFFICULTIES AND SET BACKS (IF ANY) YOU HAVE INCURRED IN CARRYING OUT THE WORK TO WHICH THE GRANT CONTRIBUTED:

ARE THERE LESSONS FOR OTHER PROJECTS IN THE EXPERIENCE DESCRIBED? IF YES PLEASE GIVE DETAILS:

DID THE PROCESS OF SECURING A GRANT FROM THIS TRUST ENABLE YOU TO SUCESSFULLY APPLY FOR ADDITIONAL FUNDS? IF YES PLEASE GIVE DETAILS:

DO YOU HAVE ANY COMMENTS TO MAKE ABOUT THE TRUST'S PROCEDURES IN RECEIVING APPLICATIONS AND MAKING THE GRANT TO YOU? IF YES PLEASE GIVE DETAILS:

ANY OTHER COMMENTS:

Signed:

Position:

Date:

NOTES TO APPLICANTS

The Hadfield Trustees attach great importance to feedback from the beneficiaries concerning the outcomes (success & failures) of its donations. The knowledge gained is often used to help other grant seekers/projects.

The Trust would be obliged if this evaluation form could be completed and returned to the address below as soon as practicable after receipt of the grant (maximum period – one year from receipt of the grant). Thank You for your co-operation.

M.E. Hope

The Hadfield Trust, 3 College path, Formby, Liverpool L37 1LH

REGISTERED CHARITY NUMBER:

1067491