CORFE MULLEN TOWN COUNCIL Towers Way, Corfe Mullen, Wimborne Dorset, BH21 3UA 01202 698600 office@corfemullen-tc.gov.uk



## END OF GRANT TO LOCAL ORGANISATIONS MONITORING FORM

Name of organisation	
Amount awarded	£

A condition of being awarded a grant, the local organisation is required to provide a report on how the grant was spent and the benefits achieved. Please complete and return this form to the Council Office at the above address at your earliest convenience, no later than 60 days from the end of the financial year it was awarded. If you have any queries about the form, please contact the Council Office.

## **Section 1: Spending your grant:**

Please provide details of the activities or items funded by the grant and how the grant was spent. For smaller organisation, please attach copies of invoice or receipts with this form.

Item/Activity continue on a separate sheet if necessary	Cost
tempouvity continue on a separate sheet in necessary	0031
Total Spent:	

Please note, upon request any unspent grant to be returned to the Council. Failure to comply with request may result in further action and no further grants awarded to your organisation.

Version: 1.0

Date of Approval: 22 April 2025 Minute No: TC 24/395

Continue on a separate sheet if necessary	
Section 2: The benefits of your grant	
Please give details below of the ways in which the grant has be groups the organisation are working with. You can attach an information if you wish.	
Continue on a separate sheet if necessary	
Please estimate the following (if applicable):	
The average number of people who attended the activity  The number of volunteers who have helped to deliver the activity	tv
How many people benefited from the item and/or activity	y
Section 3: The signed declaration	
I confirm that the details contained in this form are correct and the records and accounts for at least seven years from payment of the contained in this form are correct and the records and accounts for at least seven years from payment of the contained in this form are correct and the records are contained in this form are correct and the records are contained in this form are correct and the records are contained in this form are correct and the records are contained in this form are correct and the records are contained in this form are correct and the records are contained in this form are correct and the records are contained in this form are correct and the records are contained in this form are correct and the records are contained in this form are correct and the records are contained in this form are contained in the contained in this form are contained in the containe	he grant. The Council understand
that this does not release them from any legal responsibility to ke	
Name:	
Position in local organisation	
Contact telephone number or email address:	
Signature:	Date:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM. PLEASE RETURN TO THE COUNCIL OFFICE.

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## HOW WE USE YOUR PERSONAL INFORMATION

The information provided by the local organisation will be used by Corfe Mullen Town Council to contact the organisation about the application. The information will not be disclosed to third parties except as described below. The Council may check information provided by the organisation, or information about the organisation provided by a third party, with other information held by the Council. The Council may also obtain information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

For further information, go to the Council's website <u>www.corfemullen-tc.gov.uk</u> or email <u>office@corfemullen-tc.gov.uk</u>.

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