|  |  |
| --- | --- |
| **Name of Organisation:** |  |
| **Reference number (as per grant agreement letter):** |  |
| **Name of project:** |  |
| **Date of start/completion:** |  |
| **Total grant award:** | **£** |

|  |
| --- |
| **Please provide a summary of your project** (Copy this from the project summary in your application form) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Detail of TOTAL expenditure of the project:** (Proof of expenditure may be asked for at a later date) | | | |
| Expenditure details | **A)** Actual total cost of item/activity | **B)** Value of grant spent on item/activity | **C)** Value of match funding /in-kind donations spent |
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|  |  |  |  |
| **Total amount spent (A=B+C)** | **£** | **£** | **£** |

**Please provide numbers below for the entirety of the funded project:**

|  |  |
| --- | --- |
| Number of sessions/activities run |  |
| Number of paid staff /volunteers involved in delivering the project |  |
| Total Number of client attendances |  |
| Number of individual clients |  |
| Number of clients that are Wandsworth residents |  |
| Number of clients who attended communal food sessions (if applicable) |  |
| Total number of attendances at communal food sessions (if applicable) |  |
| Total number of clients signposted to other services |  |

**Demographic information**

**Age**

|  |  |
| --- | --- |
| Total number of clients aged under 60 |  |
| Total number of clients aged between 60 – 70 |  |
| Total number of clients aged between 70 – 80 |  |
| Total number of clients aged between 80 – 90 |  |
| Total number of clients aged over 90 |  |
| Total number of clients who prefer not to say |  |

**Gender**

|  |  |
| --- | --- |
| Total number of clients identifying as male |  |
| Total number of clients identifying as female |  |
| Total number of clients identifying as other |  |
| Total number of clients who prefer not to say |  |

**Ethnicity**

|  |  |
| --- | --- |
| Total number of clients identifying as White |  |
| Total number of clients identifying as Black, Asian, Minority Ethnic |  |
| Total number of clients identifying as Other |  |
| Total number of clients who prefer not to say |  |

**Sexuality**

|  |  |
| --- | --- |
| Total number of clients identifying as LGBTQ+ |  |
| Total number of clients identifying as Heterosexual |  |
| Total number of clients who prefer not to say |  |

**Disability**

|  |  |
| --- | --- |
| Total number of clients identifying as having a disability |  |
| Total number of clients who prefer not to say |  |

**Carer status**

|  |  |
| --- | --- |
| Total number of clients identifying as being an unpaid carer |  |
| Total number of clients identifying as living with/having and unpaid carer |  |
| Total number of clients who prefer not to say |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Achieving your planned Outcomes** (copy from your application and detail if and how these were achieved) | | | | | |
| Planned Outcome | | Data used to gather information | | Achievements for participants | |
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| **Please describe reasons for any changes you made to your plans and what lessons have been learnt from undertaking the project.** | | | | | |
|  | | | | | |
| **Please tell us about any longer-term impact of the project. If you plan to sustain the work following this grant, how do you plan to achieve this?** | | | | | |
|  | | | | | |
| **Declaration:**  I confirm, as an authorised signatory of the Organisation, that this report is an accurate record of activities undertaken and financial information. We will keep all receipts for items purchased/services paid for, for at least two years. We are aware that we may be asked to forward receipts for inspection or that we may be visited by you to inspect our records during this period.  . | | | | | |
| **Name (CAPITALS):** | | | | | |
| **Position or Job Title in relation to the activity:** |  | | **Signature:** | |  |
|  |  | | **Date:** | |  |

Please email your **End of Project Report Form** to: [outreach@ageukwandsworth.org.uk](mailto:outreach@ageukwandsworth.org.uk)