LISKEARDCOUNCIL
WORKING FOR YOU

Community Grant Monitoring & Evaluation Report

Organisation:
Project Title:
Grant Award: £

Project Summary:
Objectives Achieved:
Community Impact:
Number of Beneficiaries:
Financial Summary:
Evidence: (Please attach any receipts, photos and publicity)
Future Plans:

Declaration

I confirm the information provided is true and agree to comply with the Liskeard Town Council Community Grants Policy.

Signature: _____

Date: _____