



Evaluation Form

01. *Organisation Name:*

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02. *Correspondent:*

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03. *Address:*

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04. *Grant Amount:*

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05. *Date agreed:*

Date Paid:

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06. *Special Purpose of Grant*

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07. *Why was it needed?:*

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08. *Please describe the areas of work which have resulted from the grant assistance with drawing attention to any particular achievements:*

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09. *Are there lessons for other projects in the experience described? If yes, please give details:*

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Evaluation Form Part 2

10. Did the process of securing a grant from this Trust enable you to successfully apply for additional funds? If yes, please give details:

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11. 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:

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12. Your Comments:

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Signed:

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Position:

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Date:

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NOTES TO APPLICANT

The Hemby Trustees attach great importance to feedback from its beneficiaries concerning the outcomes (successes or failures) of its donations. The knowledge gained is often used to help other grant seekers. The Trustees would be obliged if this evaluation form could be completed and returned to the address below as soon as practicable after the date of receipt of the grant (maximum period - six months from receipt of grant). Thank you for your co-operation.

Mr T W Evans
The Hemby Trust, C/o Rathbones Investment Management Ltd.
Port of Liverpool Building, Pier Head, Liverpool, L3 1NW
Registered Charity Number 1073028