Booster Fund – Sample evaluation form

This is a sample evaluation form for the Booster Fund. You can use this form to draft your answers to questions offline, but your evaluation form must be submitted using the online form via our [grants portal](https://hydehousing.flexigrant.com/login.aspx).

If you need any support with accessing, completing or submitting the evaluation form, please contact the Hyde Charitable Trust (HCT) via email at hct@hyde-housing.co.uk, or contact your Partnerships & Projects Manager.

# Section 1: Introduction

The Booster Fund was intended to support community partners through the cost of living crisis.

Please use this form to tell us about the impact of the funding on your organisation, your staff and volunteers and your beneficiaries. We may use the information you share with us to highlight your and the fund’s achievements and good practice. Your comments will also help us shape our future work.

Thank you very much for taking the time to complete this form.

When completing the evaluation form:

* Questions with a red star on the grants portal are mandatory and you won’t be able to submit the form without answering them.
* Some questions have a maximum word limit which you’ll find in the question title. Please don’t exceed the word limit as you will be unable to submit the form. Don’t worry if you use fewer words.
* The evaluation form doesn’t have to be completed in one go. You can save the form at any time and return to it at a later date.
* If you were awarded two Booster Fund grants, please submit one report covering both grants.

# Section 2: About you

### Name of your organisation or group

### Grant reference number/s (starting with BO22\xxxxx)

### Your name

### Your position in the organisation

### Your email address

### Date of submission

# Section 3: About your Booster fund grant

### How much money have you been awarded?

### Have you spent the full amount?

In general, we are unlikely to ask for an underspend to be returned to us. We will be happy to work with you to repurpose the funds.

 Yes

 No

**If** **No** – please tell us why? (max 50 words)

### How have you spent the grant? (max 100 words)

Please provide a basic budget breakdown to show how you’ve spent the grant.

### In your application you told us about how you’d like to spend the money. Have you achieved what you set out to do?

(Information from the Booster Fund application form – “6. How would you like to spend the money?” question.)

 Yes, completely

 Partially

 No

**If Partially** – please tell us why? (max 50 words)
**If No** – please tell us why? (max 50 words)

### What has this grant enabled you to do:

 Sustain existing provision funded by HCT

 Do more

 Do both

**If Do more** – please complete questions 5a and 5b.

**If Do both** – please complete questions 5a and 5b.

### 5a. Who benefitted from or was supported through this grant:

This fund was intended to support you with the impact of the cost of living crisis (i.e., rising cost, meeting increasing demand, etc.). Please tell us about what has this grant enabled you to do beyond your day-to-day work.

* Number of additional Hyde residents
* Number of additional non-Hyde residents
* Number of members of staff and volunteers
* Number of external organisations
* Other

**If Other** – please specify (max 10 words)

### 5b. How much additional provision has the grant enabled you to offer?

* Number of hours of extra provision
* Number of extra hours of access to your premises (per week)
* Number of extra training / upskilling sessions delivered
* Number of additional on-the-ground outreach sessions
* Other

**If Other** – please specify (max 10 words)

### What happens next – how are you positioned for the upcoming months? (max 100 words)

### Any comments for HCT (max 100 words)

We welcome feedback about this funding programme and our work in general. We are particularly interested in comments on the application process, our relationship with you and how we might improve our work in the future.

# Section 4: Declaration

By submitting this report to Hyde Charitable Trust, you confirm that:

1. You (the contact in this monitoring form) are authorised to submit the monitoring report on behalf of your organisation (the lead organisation in your application form).

2. The information given in this monitoring report is true, accurate and approved by the organisation.

Your name:

Your position in organisation:

Date: