

THE SOBELL FOUNDATION
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GRANT EVALUATION FORM

Charity Name		Charity No	
Amount of grant		Date of first instalment	
		Number of years of grant	

Purpose of grant	
Have you raised all the funds required for the project? If not, state how much is outstanding and how you propose to raise the shortfall.	
Date of completion of the project (capital projects only)	
Have you met the project objectives?	
Have there been any unexpected achievements/ outcomes/ obstacles?	
State how you measure the success of the project.	
Are there any anticipated changes in the project in the coming year?	

Name of person completing form		Date	
Email address		Phone no.	