



Community Solutions Funded Project Evaluation and Monitoring Form (New) - Community Mental Health and Wellbeing Fund Phase 5

Organisation *

Project Name *

Name *

First Name

Last Name

Email *

example@example.com

Performance Reporting

Activities and People Supported

**What did you expect to do with the funding and what did you actually do against your original plan?
Please include: key aims, how many activities were planned vs how many were delivered.**

Word Count

Which of the following best describes your project activities?

Befriending
Peer support
Counselling
Therapeutic
Mentoring
Financial inclusion/cost of living
One to one
Group activity
Equipment
Food
Nature
Social
Arts and crafts
Maintenance/repair
Sport or physical activity
Culture
Other

Which of the following describes your project?

General - for the general population
Targeted - open to all but with a focus on particular target groups
Restricted - aimed directly at particular target groups

Which of the following priorities does your project contribute to?

Priorities: suicide prevention
Priorities: social Isolation/loneliness
Priorities: addressing poverty and inequality

How many people have been supported by your project so far?

Who were the main beneficiaries?

Word Count0/250

Did you engage with any of the following groups?

Women, particularly women experiencing gender based violence
People with a long term health condition or disability
People from a Minority Ethnic background
Refugees and those with no recourse to public funds
People facing socio-economic disadvantage
People experiencing severe and multiple disadvantage
People with diagnosed mental illness
People affected by psychological trauma (including adverse childhood experiences)
People who have experienced bereavement or loss
People disadvantaged by geographical location (particularly remote and rural areas)
Older people (aged 50 and above)
People with neurological conditions or learning disabilities, and from neurodiverse communities
Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTI) communities
Young people aged 16-24

Did you engage with any of the following families? Please select all that apply.

Lone parents
Families with a disabled family member
Families with 3+ children
Minority ethnic families
Families where the youngest children are under 1 year old
Mothers aged less than 25

What localities did your project deliver in? Please select all that apply?

NL-wide
Airdrie
Bellshill
Coatbridge
Motherwell
The North
Wishaw and Shotts

Please provide the following information on the number and type of activities delivered, and the number of unique individuals supported during this reporting period.

Activity provided in this reporting period	Number of sessions provided for this activity during this reporting period	Number of unique individuals supported in total during this period for each activity
1		
2		
3		

- 4
- 5
- 6
- 7
- 8
- 9
- 10

Please provide the following information on the number of unique individuals who reported against the project's outcomes.

Project Outcome (from your application)	Corresponding CS Outcome (see below)	Number of Unique Individuals Reporting on Outcome	Please explain what evidence you have collected to support this?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

The Community Solutions outcomes are as follows.

Group	Number	Outcome
Adults	1	People feel more connected, included and safe.
	2	Improved health and wellbeing.
	3	People feel more informed and aware.
Carers	4	Carers feel more informed and aware.
	5	Carers health and wellbeing are improved.
	6	Carers are more able to have a life outside of caring.

Children, Young People and Families	7	Children and young people's health and wellbeing are improved.
	8	Family relationships are strengthened.
	9	Children, young people and families become more resilient.

How many total service users reported on your project's outcomes?

Please let us know of any achievements to date that you are particularly proud of, or demonstrate the difference made to individuals?

Word Count0/250

Were there any challenges/changes you encountered that slowed the progress/stopped the outcomes from happening?

Word Count0/250

Please provide details of any unexpected outcomes your project has achieved.

Word Count0/250

Multi-Year Funding

*Please only complete this section if your project is funded to be delivered over two-years

To what extent do you agree with the following statements about multi-year funding.

Strongly
Disagree

Disagree

Neither agree
nor disagree

Agree

Strongly
Agree

'Two-year funding provided my organisation more certainty about the project'

'Two-year funding allowed my organisation to better plan the project for the long term'

'Two-year funding has improved the stability of the project'

'Two-year funding has improved cost-efficiency for my organisation'

'Two-year funding has improved how we engage with service users/under-represented groups'

Please provide any additional comments about how multi-year funding has impacted your project delivery.

Service User Feedback

Service User Feedback

Has your organisation/project issued Service User Feedback Surveys to all service users receiving support during this reporting period?

Yes

No

If no, please explain why.

Word Count0/150

Has your organisation/project invited service users to share personal stories/case studies using either written, audio, or audio-visual format?

Yes

No

If no, please explain why.

Word Count0/150

Learning and Improvement

Please tell us about your experience of learning and improvement throughout this project. Please tell us about what went well, what could be improved, and what learning you have taken from the project.

Word Count0/250

Please give details of how you have engaged with stakeholders, including service users, in the design, delivery, and development of your project.

Word Count0/250

Project Income and Expenditure

Please provide a report on your expenditure to date based on the details provided in your funding application.

	Description of Item	Funds Used	Funds Remaining
Staffing Costs			
Volunteer Costs			
Equipment and Resources			
Expenses			
Overhead Costs (please specify)			
Other Costs (please specify)			
Total Funding Amount	Total Funds Used	Total Funds Remaining	

Additional Funding

Please tell us if your organisation has been able to secure additional funding from other sources to support your Community Solutions funded work?

	Additional Funding Source	Brief Description	Total Amount
1			

- 2
- 3
- 4
- 5

Please tell us if you think the project will continue after this funding ends.

Word Count0/150

If you would like support from VANL with sustainability of your project moving forward, please indicate below.

- Yes
- No

Volunteer Support

Please provide the following information on the type of volunteer roles involved in the delivery of your project (e.g. befriender, walking guide, youth group support), the number of volunteers, and the number of volunteering hours supporting the delivery of the project.

Type of volunteer supporting your project	Number of individual volunteers	Total number of volunteering hours supporting your project
1		
2		
3		
4		
5		

Did VANL support you with the recruitment of these volunteers?

- Yes

No

If yes, please tell us how many volunteers were recruited with VANL's help.

Did you find this support useful?

Yes

No

Don't know

If no, please explain why.

Word Count0/150

Funded Projects Views on VANL Support

Please tell us how you found the support provided by VANL.

	Don't know	Not satisfied	Somewhat satisfied	Satisfied	Very Satisfied
Support for the application, assessment, and award process of the fund					
Support for monitoring, evaluation, and improvement					

Please tell us any additional feedback you would like to share about how you found the support provided by VANL.

Word Count0/250

If you are not finished completing your form and would like to return to it later, please select 'Save' below.
If you would like to submit your completed form, please select 'Review Answers' and then 'Save'.