

APPENDIX 4

SOCIAL SERVICES DEPARTMENT

SELF-MONITORING FORM

(For Community Partnership Finance/ Carer's/ Promoting Independence and Performance Fund Grants)



Please return this form to Ann McArthur, Grants Support Officer, Policy & Performance Review Unit, Social Services Department, County Hall, St. Anne's Crescent, Lewes, BN7 1SW, by 1st October. *If you are applying for funding for 2003/2004 you can send it with your application form.*

Other than for financial information, your replies should relate to the period 1 April to 30 September 2002.

Name of organisation: _____

1. **FINANCIAL INFORMATION** (From the start of your current accounting year to 30 September 2002. Please indicate start of year if not 1 April)

Amount of funding received for 2002/2003: £ _____

Purpose(s) for which funding was provided:

Please give us as much detail as you can on how this funding has been spent to-date.

Please provide details of any changes in your financial position (income and/or expenditure) from the information supplied on your application form, and give reasons for the change.

2. **MONITORING:** Please tell us about your monitoring process. This should reflect the information already given on your original application.

- (a) How many clients have made use of your service(s)? _____
 - (b) How many hours service per week have you provided? _____
 - (c) How many compliments have you received? _____
 - (d) How many complaints have you received? _____
 - (e) Were you able to deal with them satisfactorily? _____
 - (f) What additional items will you measure? _____
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- (g) How did you do this? _____
- (h) Who undertook this? _____
- (i) How many volunteers does your organisation use? _____
- (j) What proportion of your volunteers are from minority groups? _____
- (k) How many requests for help are received from minority groups? _____

3. OUTCOMES:

- (a) How successful have you been in achieving your aims?

- (b) How do you know this?

- (c) How do you see the future of the project
 - (i) over the next six months
 - (ii) longer term future
 - (iii) will you be making any changes to the project in light of experience?

- (d) Is there evidence of need for the continuation of your project?

4. GENERAL

Is there anything else that you would like to bring to our attention or that you would like assistance with?

Signed _____ **Date** _____

Print name _____

Position in Organisation _____

(Please keep us informed of any changes in personnel and addresses i.e. Chairperson, treasurer)

Evaluation/ user survey:

As part of the monitoring process on grants given to voluntary organisations we will be introducing a user evaluation on approximately 10% of organisations on the services offered by the voluntary sector. Can you please therefore give us the name, address and telephone number of 3 of your users whom we may contact to participate in this user evaluation.

Name.....

Address.....

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Telephone No. (including SDT code)

Name.....

Address.....

.....

Telephone No. (including SDT code)

Name.....

Address.....

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Telephone No. (including SDT code)

FOR OFFICE USE ONLY:

Date received:

Additional monitoring visit required Yes No

Date took place

COMMENTS/ action required: _____

DATE COPY SENT to Manager:

FILE: