

EVENTS FUND 2015-2016

Evaluation Form

It is a condition of grant for **ALL** successful applicants that you must complete, sign and return this form to Arts and Events by the deadline that applies to your project. For grants of £500+, the final payment will only be released when we have the information requested on this form **and** when we are confident that all the grant conditions have been fulfilled.

Event Date	Evaluation Deadline	Event Date	Evaluation Deadline	
April 2015	30 th June 2015	October 2015	5 th January 2016	
May 2015	31 st July 2015	November 2015	31 st January 2016	
June 2015	31 st August 2015	December 2015	29 th February 2016	
July 2015	30 th September 2015	January 2016	31 st March 2016	
August 2015	31 st October 2015	February 2016	30 th April 2016	
September 2015	30 th November 2015	March 2016	31 st May 2016	

Deadlines for complete Evaluation Forms and all supporting information to be received:

1) Please include the following with this form:

a) A FULL BUDGET STATEMENT

The statement should detail the entire budget – both income and expenditure. It should be for this project / event only and should not include other core activities of your organisation. It should reflect the projected income and expenditure submitted with your original application. Please use notes to explain any difference from the budget in your original application. Remember to include "in-kind" items and any ticket revenue in both income and expenditure.

- b) Please enclose photographs from your event (either prints or digital photos 300dpi or above) with your evaluation form and budget along with declaration that you have written permission from the subjects for their usage by LB Tower Hamlets.
- c) Please enclose any publicity or promotional material showing the Tower Hamlets council logo.
- 2) Insufficient information provided in this evaluation may result in a request for re-submission (provided that it is before the final deadline) or the final payment of grant being withheld.
- 3) We want to make sure that all of our services are delivered fairly and include everyone's needs. The information provided will help us to improve our services to you and others in Tower Hamlets. With up-to-date and accurate information we are able to better understand our service users / residents to meet their specific needs, identify any possible discrimination or barriers to accessing our services and work to remove them.

- 4) Tower Hamlets Council monitors the delivery of services to ensure that they are representative of all communities and that all service users are treated fairly. The information you provide on this questionnaire will remain strictly confidential, in accordance with the Data Protection Act 1998. Information will only be used by Tower Hamlets Council or other armslength organisations in the Tower Hamlets Partnership.
- 5) When completing the question on disability, this can be a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.

If you would prefer an electronic version of this form, please email your request to: <u>festivalsandevents@towerhamlets.gov.uk</u>



Evaluation Form for Events Fund

1	Event Details						
а	Name of Org	anisation					
b	Title of event	t/project:					
С	When did the event/projec Give date/s and any reasons for your original app	t take place? times (include changes from					
2	Access						
а	How many p	eople were inv	olved in,	or ben	efited from,	your projec	t?
	As participar	nts					
	As audience						
	As artists						
	As managers	organisers					
b		thnic group we ge of each catego ted.					
	White						
	British		Irish			Traveller of Irish Heritage	
	Turkish / Turkish Cypriot		Greek / Greek	reek		Gypsy / Roma	1
	European		other			NOT KNOWN	
	Asian						
	Asian British		Banglades	shi		other	
	Indian		Pakistani			Mixed / Dual Heritage	
	Chinese		Vietnam	iese		NOT KNOWN	
	Black					<u> </u>	
	Caribbean		African			Black British	
	Somali		Mixed / Du Heritage	Jal		Other	
	Latin American		Any oth ethnic group	er		NOT KNOWN	

	Alzheimer's		Dementia			r Partially
					Deaf	
	Blind or		Physical		Learnii	
	partially sighted		Disability		Disabil	ity
	NOT KNOWN					
4	Gender:					
d		ate what pe	rcentage of v	our audience /	participa	nts were:
	Women		Men		Transg	
e	Age:					
		ate what pe	rcentage of y	our audience /	participa	
	0-4	5-9		10 – 14		15 – 19
	20 – 24	25 -	29	30 – 34		35 – 39
	40 – 44	45 –	49	50 – 54		55 – 59
	60 – 64	65+		NOT		
_				KNOWN		
f	Religion	ata what no	contoro of y	our oudiopoo /	nortioino	nto woro
	Agnostic		rcentage of y	our audience / had no religi		ints were:
	-					
	Christian			Jewish		
	Muslim			Buddhist		
	Olluk			Hindu		
				nindu		
	Sikh					
	Humanist			another relig		
				another relig (please spec		
	Humanist NOT KNOWN					
9	Humanist	ntation				
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Civil Partnerships Image of perpendicular Single Co-habiting NOT KNOWN Divorced 3 Your Event Refer to question 3 in your application a How did the project allow the audience and or/participants to experience a creative and high quality event? Please give examples and evidence. b How did the project meet the priorities that you identified in your original application? Please give examples and evidence. c How did the project enable you to reach the particular groups that you identified in your original application? Please give examples and evidence. c How did the project enable you to reach the particular groups that you identified in your original application? Please give examples and evidence. c How did the project enable you to reach the particular groups that you identified in your original application? Please give examples and evidence. d Marketing Please refer to question 3f in your application a Explain whether your marketing plans were successful. Give examples. Attach copies of all relevant PR material – it is a condition of grant that the Tower Hamlets logo is used on all relevant publicity and promotional materia		Relationship State Please tell us the	is percentage of peopl	le who were:	
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b	How were you able to	o attract new audiences / participants. Give examples.
	Outcomes Please refer to outcome	es you stated in question 5 in your application
		intended outcomes? Please give evidence / examples:
	Activity / output /	Evidence
1	outcome description	
2		
3		
4		
5		
		helped strengthen, develop or change your organisation
	its activities? Please give evidence	/ examples:
		•
C	Do you intend to repea	at and/or develop this project in the future? Please explain

Budget Spreadsheet To Accompany Evaluation Form.

Please put all costs and income including ticket income and all contributions both cash and in kind and clearly state who has provided the financial support.

This budget should include the sources of income and expenditure given on your original application form with the actual amounts.

6 ACTUAL Income (Total for the event)			
Source of income Please give name of source or sponsor	Amount Total cash and in kind	Cash	In Kind
Amount you received from the Events Fund: (Please put full award amount even if you are awaiting the second payment)			
TOTAL:	£		

7 ACTUAL Expenditure Give details of the TOTAL expenditure reflecting your original application budget.							
	Details	Cash	In Kind	Total Expenditure £			
Staff:							
Administration:							
Equipment and materials:							
Infrastructure: e.g. stages, marquees							
Services: e.g. stewarding, medical.							
Artists fees / entertainment:							
Marketing:							
Licensing/ Health & Safety: MANDATORY							
Insurance: MANDATORY							
Monitoring and evaluation: MANDATORY							
Other – please list:							
TOTAL: This should be the same as your total income.							

8 Checklist (p	please tick box)					
Completed evalu	ation form (all sections)					
Full budget state	ment – both income and expenditure with notes if applicable					
	n your event, 300 dpi or above, either digital or prints (optional) /e obtained signed consent for use of the photos attached:					
	promotional material showing use of Tower Hamlets logo					
Copy of Public L	iability Insurance					
9 Declaration						
I confirm to the best of my knowledge that the information provided and the assessments made on this form as well as the attached budget statement are true and accurate. We have complied with the standard and special conditions attached to the grant and request payment of the final instalment.						
Name:						
Signature:						
Position:						
Date:						

Please return your completed form to:

Events Fund Administrator LBTH Arts & Events Brady Arts Centre 192-196 Hanbury Street London E1 5HU

email: festivalsandevents@towerhamlets.gov.uk