

**EVALUATION**

of projects that have received Covid-19 funding

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| Project Reference No: |  |
| Is project completed or ongoing? |  |
| Name of Project: |  |
| Applicants name: |  |
| Evaluators name: |  |
| Designation and department: |  |
| Tel no/ext no: |  |
| Email: |  |
| Date project commenced: |  |
| Date evaluation form completed: |  |

**Please describe how the project was implemented.** Was the project or activity completed in line with the project description submitted in the original application form?

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**How has your project made a difference?** Please refer to the need met by the project and the benefit to identified groups on the original application form.

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**Have you acknowledged Cardiff & Vale Health Charity as the grant funder for your project?** Please refer to the comments on your original application form.

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**What are the next steps for your project, if any?**

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Please attach any images related to the execution of this project when returning this form. Please return by email to: fundraising.cav@wales.nhs.uk