

**INTERIM MONITORING FORM**

<b>Name</b>	
<b>Address</b>	

*The above is the first-named applicant for the grant detailed below. If this information is out of date, please enter correct details below.*

Title	
First name	
Last name	
Address	
Telephone no.	
Fax no.	
Email	

**The purpose of this form is to keep the Charity informed of progress with projects they are funding. It should be returned by:**

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**Please note that if the form is not returned by the due date, future payments against the grant (if applicable) will be delayed. If you have any queries about this form please do not hesitate to contact the Grants Administrator on 020 7188 1231 or email maria.abelleira@gsttcharity.org.uk**

**1. Grant details**

<b>Project</b>	
<b>Code</b>	
<b>Date awarded</b>	
<b>Amount awarded</b>	
<b>Starting date</b>	
<b>Objectives (as set out by applicant in application form)</b>	<b>To pilot the introduction of a new volunteer role; that of Chemotherapy Day Unit Volunteer into the units at Kings College Hospital and Guys Hospital.</b>

**2. Progress with grant objectives**

<i>Please give brief details of progress made against the objectives set out in the original application:</i>
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**3. Is progress FULLY, PARTIALLY or NOT in line with expectations?**

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**4. If PARTIALLY or NOT in line with expectations, are you able to identify the problems and will you be able to overcome them?**

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against the grant during the past year

	Amount	Brief details
Equipment		
Consumables		
Other (capital)		
Other (revenue)		
Staffing		

**DECLARATION**

I confirm that the grant is being expended in accordance with the objects of the grant.

<b>Signature</b>	
<b>Print name</b>	
<b>Date</b>	

Return form to:  
**Maria Abelleira**  
 Grants Administrator  
 Guy's & St. Thomas' Charity  
 Great Maze Pond  
 Guy's Hospital  
 London  
 SE1 9RT

## EVALUATION OF A GRANT

To:

<b>Name:</b>	
<b>Address:</b>	

**Grant details:**

<b>Code:</b>	
<b>Project:</b>	
<b>Date awarded:</b>	
<b>Amount awarded:</b>	
<b>Starting date:</b>	

The information you supply will be circulated to the members of the New Services & Innovations Committee to assist them with future decision-making and the application of the charitable funds. In addition a final financial report accounting for the expenditure on this grant will be sought.

Please return the completed form to:

Maria Abelleira  
Grants Administrator  
Guy's & St. Thomas' Charity  
Guy's Hospital  
London SE1 9RT  
[maria.abelleira@gsttcharity.org.uk](mailto:maria.abelleira@gsttcharity.org.uk)  
020 7188 1231

Please return the form by the date given below:

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**1. *Achievement of objectives***

<b>In the original application you intended to achieve the objectives set out below. For each of these objectives please describe the extent to which it was achieved.</b>
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**2. *Additional benefit***

<b>Did the project achieve anything in addition to the stated objectives?</b>
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**What, in your opinion, were the factors that contributed to the success of the project?**

4. ***Problems***

**If the project did not go according to plan, what were the major problems?**

5. ***Legacy***

**Now that the charitable funds have been spent, what is the legacy of this grant?**

6. ***Dissemination of learning***

**If appropriate, the Charity will notify the availability of this evaluation on its website in case the wider NHS can benefit. Please give the name and details of the preferred contact if it is not the grantholder to whom this is addressed.**