



# CENTRAL LIVERPOOL PRIMARY CARE NETWORK

## Small Grants Programme End of Grant Report

Please complete, sign and return this form as soon as agreed with CLPCN.

Organisation:	
Activity Name:	
Grant Funding Award received	£

### How was your grant funding spent?

Please give a breakdown of the items or activities funded by the grant award

Item or activity	Actual total cost of the item / activity	Amount of grant spent on item / activity
Total amount spent	£	£

If how you spent your grant differs to the explanation given in your application form, please explain why and how this enabled you to achieve the outcomes and purposes of your activity

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**What has your funded activity achieved?**

Tell us how your activity has supported the outcomes in the funding criteria (in less than 200 words)

How many people directly benefitted from this funding?	
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Tell us about the difference your activity has made and the wider benefit it has made to community health (in less than 200 words)

Is there anything you would have done differently about this activity and if so, what? (in less than 200 words)

Title	Forename	Surname
Position within Organisation		

Telephone Number	Email
Signed	Date

Please attach any photographs you can share about the funded activity with consent confirmed. These may be used to publicise your grant award.

Please return your form by email to [CLPCNAdmin@livgp.nhs.uk](mailto:CLPCNAdmin@livgp.nhs.uk) and [Hayley.corless@livgp.nhs.uk](mailto:Hayley.corless@livgp.nhs.uk) by the agreed date.