# FOOD POVERTY GRANT 2023 - 2024

## Funding Completion Report

This form and the relevant supporting documentation (invoices, receipts etc) must be completed and returned to Neath Port Talbot Council by **31 March 2024**. Failure to complete and return within the timescale may affect any subsequent applications to this fund.

Organisation:

Contact Name:

Address:

Telephone Numbers:

Email:

**TOTAL GRANT AWARDED:** £ ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL GRANT SPENT: £** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Original purpose of grant**   (Why did you want the grant?) *150 words maximum* | | | | | | | |
|  | | | | | | | |
| 1. **How was the grant Invested** (How was the money spent and what has your organisation achieved as a result?) *150 words maximum* | | | | | | | |
|  | | | | | | | |
| 1. **Beneficiaries** (How many people have benefitted - please indicate total in each category) | | | | | | | |
| **Category** | **Total No.** | **Category** | **Total No.** | **Category** | | | **Total No.** |
| Children (0-16) |  | Older people (55+) |  | People with health issues | | |  |
| Young people (16-25) |  | Disabled people |  | People living in disadvantaged areas | | |  |
| Others (please state): | | | | | | |  |
| **Beneficiaries in TOTAL:** | | | | | | | |
| **In which way has the grant made a difference to those who have benefitted from it?** (Please give specific details) *200 words maximum* | | | | | | | |
|  | | | | | | | |
| 1. **Conclusion Summary:** Please provide a brief summary | | | | | | | |
| **Did your original plans work out as expected?** | | | | | | | |
| **Were there any unexpected issues?** | | | | | | | |
| **Could anything have been done differently?** | | | | | | | |
| 1. **Financial Closure Position:** | | | | | **£**  **APPROVED** | **£ UNDERSPEND** | |
| **Revenue** | | | | |  |  | |
| **Capital** | | | | |  |  | |
| **TOTAL** | | | | |  |  | |

**Declaration:**

* I confirm that to the best of my knowledge the information contained in this Funding Completion Form and any supporting documentation is correct.
* I attach a completed itemised breakdown (Expenditure Recording Sheet) plus supporting invoices and receipts.
* I agree to refund any underspend of this fund to NPT Council.

Signed:

Position in Organisation:

Date:

The purpose of this report is to provide evidence to Welsh Government and the Local Authority of how the Food Poverty Grant 2022 – 2023 has contributed towards tackling food poverty and insecurity and to identify how many have benefitted from the grant within Neath Port Talbot. There is a mandatory requirement to complete this document with its supporting evidence at the end of the funding period.

***Thank you for completing this form, please return it, by 31 March 2024, to:***

Neath Port Talbot Business Support Officer

email: [communityfoodconnections@npt.gov.uk](mailto:communityfoodconnections@npt.gov.uk)