



- A wee space... for a wee while

BARRAS STALLED SPACES MONITORING FORM

1. ORGANISATION DETAILS

Name of Organisation	
Address	
Phone	
E mail/Website	
Contact Name	
Stalled Spaces Reference No. (see approval letter)	

2. PROJECT MANAGEMENT

2.1 Is there a steering group that manages the project? Please outline management structure for the project and the total number of people involved.

2.2 What is the frequency of management meetings held for the project? What's the average attendance at these meetings? Number attending and minutes of these meetings should be available for inspection.

3. PROJECT IMPLEMENTATION

3.1 Has the project been fully implemented as detailed in the application?

Yes

☐

No

☐

3.2 If no, please explain why.

3.3 Please tell us if you feel anything further could have been done to help you implement the project more successfully.

3.4 Please provide key dates in the implementation of the project – start dates, launch dates, any other important milestones.

3.5 Did the initiative start and finish within the timescales outlined in your application for funding?

Yes

☐

No

☐

3.6 If no, please outline why.

4. PROJECT MAINTENANCE

4.1 Have maintenance arrangements been put in place?

Yes

☐

No

☐

4.2 If yes, please provide a brief summary of the maintenance arrangements – who does the maintenance, type of work involved, and frequency of maintenance.

4.3 If no, please explain why.

5. PARTNERSHIPS & COMMUNITY ENGAGEMENT

5.1 Did your initiative work in partnership with other agencies?

Yes

☐

No

☐

5.2 If yes, please list agencies involved, the role which they undertook and the benefits achieved by partnership working.

Agencies involved & their respective roles:

Benefits achieved by Partnership working:

5.3 Have volunteers been involved in the initiative? If yes, please indicate the number and a rough estimate of total hours devoted to the project so far.

5.4 How has the project benefited from the involvement of volunteers?**5.5 How have the volunteers benefited from participating in the project? You are encouraged to include any quotes from participating volunteers on the benefits of involvement.****5.6 If no volunteers were engaged in the project, please explain why.****6. FINANCE AND VALUE FOR MONEY****6.1 Have you spent all funding awarded to you?**

Yes

☐

No

☐**6.2 Please provide a break-up of how the Stalled Spaces funding was used in the project.****Stalled Spaces funding approved (£)****Stalled Spaces funding spent (£)****Any underspend (£)****Project Items****Stalled Spaces Funding Spent (£)****Total (£)**

6.3 Did you secure other funding / support for this initiative from other sources?

Yes

7

No

7

6.4 If yes, please provide details of other funding secured for the project.

Source of funding	Funding Secured (£)
Total (£)	

6.5 Please provide details of other in-kind funding secured for the project – volunteer hours

Type	Number of volunteers	Hours dedicated to project
Skilled Labour		
Un-skilled Labour		
Professional Services		
Total		

6.6 Please provide details of other in-kind funding secured for the project - materials, donations, etc.

Item	Estimated Monetary Value (£)
Total Value (£)	

7. COMMUNITY-WIDE BENEFITS

7.1 In a few lines, please describe how the project has improved the space.

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7.2 In a few lines, please describe how the local residents have benefited from the project. You are encouraged to share quotes from project participants, users or other beneficiaries.

7.3 If your project was for a temporary use, is there any project legacy? Have any long term connections been made that are continuing to benefit the community?

7.4. Target Groups - Please indicate which, if any, of the following groups have been specifically targeted in this initiative.

Target Group		Target Group	
Criminal Justice		Young Children Preschool (aged 0-4)	
All local residents		School age children (5-15)	
Minority Ethnic communities		Young People (12-19)	
Women		Working age people Male (16-64) / Female (16-59)	
Men		Older People Males 65+ / Females 60+	
Disabled people		Single Parents	
Lesbian, Gay, Bisexual, Transgender		Families	
Religion and Belief		Substance misuse (alcohol, drugs, etc.)	
		Other (please specify	

7.5 Please describe how the initiative has assisted the groups you have picked from the list above and if they feel that the project has addressed any of the challenges they may have experienced by belonging to one of those target groups.

8. EVIDENCE

Please share photos of the project in various stages of completion (before & after), of volunteers participating, local community using the space, etc. Please also provide any striking quotes from participants, any documentation undertaken of the impacts of the project – surveys, etc.

Please also complete Appendix 1: Equality Information.

SECTIONS COMPLETED CHECKLIST – Please check if you have completed all the sections above before emailing it to Stalled Spaces.

No.	Section	Check if complete
1	Organisation Details	
2	Project Management	
3	Project Implementation	
4	Project Maintenance	
5	Partnerships & Community Engagement	
6	Finance And Value For Money	
7	Community-Wide Benefits	
8	Evidence – Pictures, Quotes & Documentation	
Appendix 1: Equality Information		

REPORT COMPLETED BY (Please Print name)

REPORT COMPLETED BY (Please Sign name)

DATE

EQUALITY INFORMATION

Appendix 1

This section has been included to enable a clear picture of the people who have benefited from the small grants fund. Please provide the information, if available.

GENDER	NUMBER	RELIGION, RELIGIOUS DENOMINATION OR BODY	NUMBER
Male		None	
Female		Church of Scotland	
ETHNIC GROUP	NUMBER	Roman Catholic	
A : WHITE		Other Christian	
Scottish		Muslim	
English		Buddhist	
Welsh		Sikh	
Northern Irish		Jewish	
British		Hindu	
Irish		Pagan	
Gypsy / Traveller		Another Religion	
Polish		DISABILITY	
Any other white ethnic group		No disability	
B : MIXED OR MULTIPLE ETHNIC GROUPS		Visual	
B1: ASIAN		Hearing	
Pakistani, Pakistani Scottish or Pakistani British		Learning Disability	
Indian, Indian Scottish or Indian British		Mobility / Other physical impairment	
Bangladeshi, Bangladeshi Scottish or Bangladeshi British		Mental Health Problem	
Chinese, Chinese Scottish or Chinese British		Long Term Illness	
B2 : AFRICAN		Other Degenerative Condition	
African, African Scottish or African British		Social, Emotional, Behavioural Difficulties (eg Autism)	
Caribbean, Caribbean Scottish or Caribbean British		Epilepsy	
Black, Black Scottish or Black British		Language / Communication Disorder	
B3 : OTHER ETHNIC GROUP		SEXUAL ORIENTATION	
Arab		Bisexual	
Other		Gay Woman / lesbian	
AGE		Gay Man	
0 – 4 years		Heterosexual / Straight	
5 – 15 years		Other	
16 – 19 years			
20 – 24 years			
25 – 39 years			
40 – 59 years			
60+			