

Member Ward Budget Grant - Project Update Form

Please send this completed form to the Councillor as soon as your project is completed or within six months of receiving your grant whichever is earlier

GRANT REFERENCE NUMBER (Decision Number):		
COUNCILLOR		
APPLICANT NAME:		
ORGANISATION:		
PROJECT NAME:		
AMOUNT OF GRANT AWARDED:		
PROJECT COMPLETION DATE (actual or expected):		
Please confirm whether the whole of the grant was spent as described on the application form?		
	YES or NO	(If no, please provide details)
Tiow well and in what ways did your	project of activity b	benefit the local community? (max 200 words)
How did you publicise the Member Ward Budget Grant support for your project? (Please attach copies of any publicity and photographs) (max 200 words)		
How important was the Member Ward Budget Grant to your project? (max 200 words)		
Please email the completed form to your Ward Councillor. You can find Councillor email addresses on the website at: https://www.folkestone-hythe.gov.uk/fhdc-councillors Please cc communitydevelopment@folkestone-hythe.gov.uk		