



COMMUNITY GRANT FUND REVIEW
2024

Organisation	
Contact Name	
Address	
Phone Number	
E-mail	

SECTION A: ABOUT YOUR ORGANISATION

1 What are the aims of your organisation?

2 What are your key priorities/objectives?

3 What services, activities or projects do you currently provide in High Peak?

Appendix B

4 How many full-time equivalents do you currently employ?

5 How many volunteers, including committee/board members do you currently have?

6 Which geographic areas do you cover?

The whole Borough

Specific towns, villages or neighbourhoods

(please specify)

7 Who does your organisation support or provide service to (eg vulnerable people, those referred by GPs, people in financial difficult, young people, anyone who requests your service, etc)?

8 Please indicate how you support the delivery of the following Council priorities

Council Priority	Action to Support
Health inequality	
Food and fuel poverty	
Mental health	
Loneliness	

Appendix B

Community Safety	
Supporting access to services (including digital inclusion)	
Supporting local businesses and encouraging business start ups and economic growth	
Protecting the environment <ul style="list-style-type: none">• meeting the challenge of climate change• cleaner streets and public areas• recycling• conservation	
Improving and/or encouraging the use of parks and other open spaces	
Access to physical and leisure activities	
Supporting the enhancement of the Borough's creativity, culture and heritage	

Section B Delivery

9 Thinking back over the last 12 months, to what extent do you think your organisation has been successful, or not, in meeting its main objectives?

Please put a cross in one box only

Very successful

Fairly successful

Not very successful

Not at all successful

Appendix B

10 Thinking back over the last 12 months, has your organisation had sufficient or insufficient of the following resources to meet your main objectives?

Please put a cross in one box per row

	Sufficient	Insufficient	Don't know	Not applicable
Overall level of income from all sources (including grants, lottery, earned income, fundraising etc.)				
Management and leadership staff				
Paid staff				
Volunteers				
Trustees / management committee members				
Financial reserves				
Space to operate (e.g. office space)				
Information and communication technology				
Advice and support				
Networking opportunities				

Appendix B

17 Do you think that your organisation will be affected by any of the following issues? (tick all that apply)

Access to equipment & supplies

Cost increases due to changes in your delivery model

Accommodation difficulties

Increase in demand for your services

Cash-flow problems

Additional staff and volunteer training needs

Medium to long term financial difficulties

Short term financial difficulties

Volunteer capacity

Staff capacity

Additional advice and guidance needs (please include details below)

Immediate short-term impact on beneficiaries/clients (please include details below)

Longer term impact on beneficiaries/clients (please include details below)

Technical ICT /software limitations

Other and any other details you wish to provide

18 Is there anything else that you would like to tell us about?

No

Yes

If yes, please provide details below