

Department of Education, Sport and Culture
Rheynn Ynsee, Spoyrt as Cultoor

Project Evaluation Form

To fulfil our monitoring needs and to help us assess the impact of our funding, please complete and return this form to us **within one month** of concluding your funded activity. You must provide **receipts for all expenses claimed**. Any missing receipts may result in a reduction of funding. **All sections must be completed. Failure to complete and submit this form may affect any future funding applications that you may make.**

Applicant Details:

Full Name

Name of Company

Telephone Numbers

Email address

Event Details:

Amount of grant awarded

Amount of grant claimed

What is the Name of the activity or event that was supported?

Dates of Activity

Venue/Establishment

How many participants took part in the event?

How many tickets were purchased?

How many tickets were complimentary?

How much did the tickets cost? (Please state all prices including concessions and provide a breakdown for each ticket price) i.e. Adult, Child, Concessions

What was the age profile of the participants? (Tick all that are relevant)

0-14 years 15-24 years 25 – 54 years 55-64 years Over 65s All age ranges N/A

Did your event/activity target a specific section of the community? i.e. pre-schoolers, the elderly, those with disabilities.

How did you advertise your event/activity, how did your marketing approach/material promote the Isle of Man Arts Council?

Please give details of any further funding/sponsorship that was gained for the event

Financial Breakdown

Please give a full breakdown of principal costs, including those funded by other sources of income.

| Item | Details | Actual Costs |
|--------------------|---------|--------------|
| | | |
| | | |
| | | |
| | | |
| Total Costs | | |

Financial Breakdown cont.

| Item | Details | Actual Costs |
|--------------------|---------|--------------|
| | | |
| | | |
| | | |
| | | |
| Total Costs | | |

Please provide details of any other income including Government funding that contributed towards the cost of the event

| Source | Reason | Amount |
|--------|--------|--------|
| | | |

Please note: You cannot claim hospitality for workshop participants, club members or event organisers. Only appropriate claims for performers or tutors may be included for funding purposes.

Please state whether you are returning an outstanding amount to us for unspent/overpaid funding Yes/No

Amount Returned:

Please confirm that you have included the following with your Project Evaluation Form.

- All receipts for any purchases connected to the event/activity for which Arts Council funding was used.
- Your form is complete, signed and dated

Declaration

I hereby certify that all the information given on this Project Evaluation Form is true and accurate.

Signature

Date

Print Name

(If under 16 years of age, parent to sign and print)

Signature

Print Name

Relationship to applicant

Arts Council Disclosure:

Details of your application may be shared with:

Department of Education, Sport and Culture
Culture Vannin
Manx Lottery Trust

Details taken from your application and End of Project Form will also feature as statistics in our quarterly Engagement reports and the 2019/2020 Arts Council Annual Report.

Should you be successful in gaining funding from the Arts Council details of your project/event and your financial award will be posted on our website (individual/organisation will take the place of your name)

Arts Engagement: As part of the funding process you will be required to submit copies of high resolution pictures of your event/project for our website and social media pages. This in turn will help to promote you(r) as an artist/event.

Please tick the box to confirm that you have read and agree to the terms and conditions

Incomplete applications will not be returned for completion

You can submit your form electronically by email to: Isabella.hawke2@gov.im

Isle of Man Arts Council
Department of Education, Sport & Culture
Unit 8, Villa Marina Arcade
Harris Promenade
Douglas
Isle of Man IM1 2HN

For further information, deadline dates and meeting dates: www.iomarts.com/funding

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For Office Use only

Date received:

Receipts Recd.

Form Completed

Signed: