

Name of project:

Lead partners' contact name:

Lead partners' address:

Telephone:

Fax:

Email:

Location of project if different from above:

Other partners in the project (contact name and agency):

Once all sections of the assessment tool have been completed, both the project leader and development officer should sign below:

Signed and agreed by:

PROJECT LEADER.....

Print name:..... Date:.....

DEVELOPMENT OFFICER.....

Print name:..... Date:.....

Date for review meeting:.....

PROJECT PLANNING & REVIEW TOOL

This **Project planning and review tool** is designed to help projects and development officers in identifying key information about the development and progress of projects and identify necessary action to ensure the project success.

This **Project planning and review tool** is designed to help with the process of identifying:

- ◆ The *need* for the project and how this has been identified
- ◆ What the project hopes to *achieve*.
- ◆ *How* this will be achieved and how methods and activities have been chosen
- ◆ How projects will *know* it has been achieved
- ◆ How project *objectives* will be met

About the children using this project

1) What are the needs or problems of the children / young people your project works with?

	Needs and / or problems of the children / young people targeted by the project <i>(see Guidance Note 1)</i>	How have these needs or problems been identified? <i>(See Guidance Note 1a)</i>
1		
2		
3		
4		

2) What is the total number of children who will benefit from the project during the life of the project? *(see note 2)*

1			
2			
3			

Level of Estimate Review Actual
intensity

2a) How have these numbers been calculated?

3) What is the age range of target children? (see Note 3)
(please tick all that apply):

5 – 7 years 8 – 10 years 11 – 13 years other. (please state)

4) Are the children targeted by the project from (Please use codes as in Guidance Notes 4a & 4b):

a) A particular place in your area? Please state

which:.....

b) A particular ethnic group(s)? Please state

which:.....

c) A marginalised group? Please state which:.....

Participation of children and young people

5) Please tell us which 'degree of participation' best reflects your work with children and families in both the design and delivery of this project. (see Guidance Note 5 for definitions):

Degree of participation':.....

How have (or will) the children and families targeted by the project been involved in the design of the project?

What information do you have / will you collect to support this? e.g. results of consultation

5a) How have (or will) the children and families targeted by the project been involved in the delivery of the project?

What information do you have / will you collect to support this? e.g. results of consultation

Costs and resources (see Guidance note 6)

6) Please calculate the unit cost of the project for direct beneficiaries (i.e. cost per child):

Annual / Total Cost of Project →

Divided by

Number of children = →

=

Cost per child

TABLE 1: INFORMATION ABOUT YOUR PROJECT

What does your project aim to achieve (what are the <u>specific outcome objectives</u>)? Please use one box per objective. (see Guidance Note 7)	Project objective? See Note 8.	Time scale for achievement of objective?	What methods / activities will be used to achieve the aims and objectives? (See Guidance Note 9)	How do you know the chosen activities / methods will be successful? What information or evidence do you have to support this? (See Guidance Note 10)	How do you know that the <u>specific aims and objectives of the project</u> have been achieved? (See Guidance Note 11)		
					What information do you need?	Where and how will you get it?	When will it be collected?
1)							
2)							
3)							
4)							
5)							

TABLE 2: Project mile stones (see Guidance Note 12)

Please identify the timescales for completion of the key tasks (Project Milestones) required for the development of your project. For each of the objectives identified in table 1, please list the key milestones which need to be reached each quarter in order to progress the project development.

OBJECTIVE?	Quarter	Project mile stones - tasks & responsibilities	Date for review	Date Completed
OBJECTIVE 1	1 st Qtr			
	2 nd Qtr			
	3 rd Qtr			
	4 th Qtr			
OBJECTIVE 2	1 st Qtr			
	2 nd Qtr			
	3 rd Qtr			
	4 th Qtr			
OBJECTIVE 3	1 st Qtr			
	2 nd Qtr			
	3 rd Qtr			
	4 th Qtr			
OBJECTIVE 4	1 st Qtr			
	2 nd Qtr			
	3 rd Qtr			
	4 th Qtr			
OBJECTIVE 5	1 st Qtr			
	2 nd Qtr			
	3 rd Qtr			
	4 th Qtr			

Table 3: ACTION POINTS

Please identify any action points required for the achievement of the project milestones identified in Table 2.

Please ensure any action points listed are linked to the objectives set out in Table 1 and to the project milestones identified in Table 2.

OBJECTIVE?	Quarter	ACTION POINTS	By whom	Date Completed
OBJECTIVE 1	1 st Qtr			
	2 nd Qtr			
	3 rd Qtr			
	4 th Qtr			
OBJECTIVE 2	1 st Qtr			
	2 nd Qtr			
	3 rd Qtr			
	4 th Qtr			
OBJECTIVE 3	1 st Qtr			
	2 nd Qtr			
	3 rd Qtr			
	4 th Qtr			
OBJECTIVE 4	1 st Qtr			
	2 nd Qtr			
	3 rd Qtr			
	4 th Qtr			
OBJECTIVE 5	1 st Qtr			
	2 nd Qtr			
	3 rd Qtr			

	4 th Qtr			
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Financial payment schedule

See Guidance note 14.

	Staffing	Running costs	Project costs	Total	Leverage
<i>2001/02</i>					
Fourth Quarter					
<i>Total 2001/02</i>					
<i>2002/03</i>					
First Quarter					
Second Quarter					
Third Quarter					
Fourth Quarter					
<i>Total 2002/03</i>					
<i>2003/04</i>					
First Quarter					
Second Quarter					
Third Quarter					
Fourth Quarter					
<i>Total 2003/04</i>					
Total Grant					

Once this form is completed, the project leader and development officer should sign and date the front sheet and agree a date for review.