

# SOUTH NORFOLK DISABILITY FUND



## GRANT APPRAISAL FORM

Name .....

Address .....

.....

.....

Tel No ..... Email .....

Amount received from SNDF .....

Date Received     /     /

How did you spend the grant from SNDF ? .....

.....

.....

Please describe the difference this grant has made to you .....

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How did you find out about the fund ? .....

Would you apply again ? .....

Was the application form easy to complete ? .....

**WE WOULD LIKE TO THANK YOU FOR YOUR HELP**

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Please return this form to:-

SNDF, 7 BRETtingham AVENUE, CRINGLEFORD, NORWICH NR4 6XG