







## **Learning Disabilities Innovation Fund - Financial Report 2021-22**

It is a condition of the funding that this form is completed, signed by the Chair of your group and returned when the project ends.

Please return to: development@pavs.org.uk

Name of Group:		Application ref:
Project Name:		
Amount awarded: £		
How did you spend the LDIF money?	£	Receipts attached
	Total £	
I declare that the above details are a and available for monitoring purpose	ccurate and that rec s if required.	ords of actual spend will be stored
Signed by the group Chair:	Date:	
Print Name:	Telephone Number:	