

COMMUNITY DONATION AND SUPPORT ACQUITTAL FORM

APPLICANT DETAILS

Grant Recipient
Postal Address
Contact person
Telephone (business hours)
Email

PROJECT OUTCOME REPORT

Amount of funding received	Year received
Grant purpose (briefly describe the purpose f words)	or which you received your grant – max 200

PROJECT DETAILS

Project Start Date		Project Completion Date		
Total Project Cost				
How many people benefited / participated in the project				
Number of volunteers	Est: Volunteer hours	Est: Value volunteer hours (calculated at \$47 per hour)		
Briefly describe project achievements for the community and any issues encountered (max 200 words)				







COUNCIL ACKNOWLEDGEMENT

Acknowledgement of Council is required for all grants. Detail how Council's support for this project was acknowledged. Please list and attach any materials developed as a part of your project e.g., media coverage, publicity, flyers, signage etc.

Activity			

PROJECT INCOME AND EXPENDITURE STATEMENT – GST Inc.

Please attach an income and expenditure statement (as per the example below). Please attach a copy of invoices, receipts, agreements. Please remove examples prior to submission.

Revenue	GST Inc.
TOTAL REVENUE	
Expenditure	
TOTAL EXPENDITURE	

Did you fully expend your grant? Please note any unexpended funds of \$100 or more must be returned to Council.

CHECKLIST

Have you included:

Copies of receipts

□ Income and Expenditure statement

Copies of marketing and promotional materials

□ Images of your project

Proof of acknowledgement of Council support





GRANT RECIPIENT DECLARATION

To be signed by your organisation's treasurer or appropriately delegated officer or independent auditor.

I certify that the above statement of Income and Expenditure Statement provides a true record of this project.

I certify, to the best of my knowledge and information that the details provided in this acquittal and associated documentation are true and correct.				
Name				
Position				
Signature	Date (DD/MM/YY)			
OFFICE USE ONLY				
Further action required	Officer:			
Tes – specify	Signature:	Date: (DD/MM/YY)		

