

Community Grant Acquittal Form

Form Preview

Project Details

* indicates a required field

Contact Person's Name *

Title

First Name

Last Name

Person creating this report

Grant application number

Daytime Phone Number

*

Email Address *

Program:

This field is read only.

The program this submission is in.

Activity name:

Organisation name

**Did your organisation
auspice this project? ***

☐ Yes

☐ No

**Auspiced Organisation
name**

If applicable

**Total amount of funding
received? ***

Project Start Date

Must be a date.

Project End Date

Must be a date.

Activity Summary

Community Grant Acquittal Form

Form Preview

* indicates a required field

Please provide a summary of the activity, including details on aims, objectives and outcomes *

Must be no more than 250 words.

Please indicate the extent to which you agree or disagree with the following statement:

“The activity fully met its objectives”

Activity met objectives *

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

Were there any unexpected benefits / outcomes as a result of your project? If so, please explain.

Have any changes been required to the implementation of the project?

How many people participated in the activity? *

Which of these groups benefitted from the activity? (Select all that apply) *

- | | | |
|--|--|---|
| <input type="checkbox"/> Aboriginal and Torres Strait Islander | <input type="checkbox"/> Homeless | <input type="checkbox"/> Faith based communities |
| <input type="checkbox"/> People experiencing poverty | <input type="checkbox"/> Children | <input type="checkbox"/> Young People |
| <input type="checkbox"/> Older adults | <input type="checkbox"/> Sole parent families | <input type="checkbox"/> LGBTQIA+ community |
| <input type="checkbox"/> Women | <input type="checkbox"/> People experiencing mental ill-health | <input type="checkbox"/> People experiencing chronic physical ill-health |
| <input type="checkbox"/> People with disability | <input type="checkbox"/> Culturally and religiously diverse | <input type="checkbox"/> No particular group was the focus of this activity |

Community Grant Acquittal Form

Form Preview

☐ Refugees and people seeking asylum

Attachments

Please attach supporting documents e.g. photos from the activity, invoices etc.

Attach a file:

Financials

* indicates a required field

Income/Expenditure Budget template

Attach a file:

For example: Budget templates, invoices, receipts, etc.

Explain any discrepancies between the projected budget outlined in the application to the actual expenditure *

Word count:

If you have auspiced this project, please detail the type of in-kind support you provided and the total value

For example: 5 hours of project planning + 1 hour acquittal reporting @ \$30 per hour = \$180

Please provide copies of any promotional/translational materials that have been produced as a result of this project/activity

Attach a file:

For example: Resources, fact sheets, websites, training, guidelines, etc.

Declaration

* indicates a required field

I certify that:

- All details in this report are true and complete and that this is an accurate Final Activity Report for the project; and

Community Grant Acquittal Form

Form Preview

- All associated parties participating in the project have agreed that this report is an accurate representation of the project.

I agree with the above statement of certification: *

☐ Yes ☐ No

Name: *

| Title | First Name | Last Name |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Position/Title: *

Date of certification: *