

Council Grants Program

Outcome Report / Acquittal

Grant and Sponsorship recipients to submit within 8 weeks of completing project.

SECTION 1 – APPLICANT DETAILS

Recipient Name:

Postal Address:

Contact person regarding acquittal:

Telephone:

Mobile:

Fax:

Email:

SECTION 2 – PROJECT INFORMATION

Project Title:

Outcome:

- *What did you actually do?*
- *What were the actual community /social/environmental/economic benefits? (Eg increased membership/ overnight stays/ increased visitation to the Shire)*

a. How many people were actually involved in the project?

Attendees (Passive engagement Eg view, watch, listen)	Participants (Active engagement eg attend and do/participate)	Paid facilitators	Other paid positions	Volunteers

b. What was the approximate attendee/participant reach for the project? Number of people from:

Local	Region	State	Interstate	International

SECTION 3 – ACTUAL PROJECT EXPENDITURE

Total amount of Council financial assistance received: (If registered for GST amount is for the Grant <u>plus GST</u>)	\$
Total amount of funding expended on eligible project items (GST inclusive):	\$
Balance of unexpended funding (if applicable):	\$

Please identify all expenditure items related to Council financial assistance in the table below and provide receipts for items over \$500 (GST Exc)

Actual Project Expenditure Items	\$	GST
TOTAL	\$	\$

SECTION 4 – COMPULSORY SUPPORT MATERIAL

	Applicant Supplied	N/A	Officer Checked
Public acknowledgement (eg posters, news articles)	<input type="checkbox"/>		<input type="checkbox"/>
Expenditure (please provide receipts for items over \$500 GST Exc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project completed (Eg high resolution photos of completed project and/or participants with photographer's details with photo consent forms signed by individuals)	<input type="checkbox"/>		<input type="checkbox"/>
Feedback from participants (eg social media posts, surveys)	<input type="checkbox"/>		<input type="checkbox"/>
Balance of unexpended funding (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION

I, the undersigned, certify that:

- The statements in this application are true and correct to the best of my knowledge, information and belief.
- I certify that I have the appropriate delegation, as authorised by the Recipient, to prepare and submit this acquittal on behalf of the Recipient.
- I agree to provide Douglas Shire Council with any additional information required to assess this acquittal.
- I acknowledge that Douglas Shire Council may publish details of this acquittal in promotional material or by way of civic and/or legislative requirements.

DECLARATION

Signature:		Date:	
Full Name:			
Note: If you are under the age of 18, your legal guardian must also sign this application.			
Guardian Signature:		Date:	
Guardian Full Name:		Date:	
Position in group or organisation: (if applicable)			
<i>Douglas Shire Council – Information Privacy Statement</i> Your personal information has been collected for the purpose of assessing your Application for Approval. The collection of your information is authorised under the Local Government Act 2009. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the Information Privacy Act 2009 and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.			