

All Streams Outcome Report

Community Grants Program

This grant acquittal form provides feedback to Council about how your Organisation has spent the grant in line with the funding agreement.
Submitting this acquittal is a critical responsibility of grant recipients.
Failure to do so will result in the Organisation being ineligible for further Council grants.

SECTION 1 – GRANT RECIPIENT DETAILS

Recipient Name:

Postal Address:

SECTION 2 – AUSPICE DETAILS (IF APPLICABLE)

Organisation Name:

Postal Address:

Name of President/CEO if Auspice Organisation:
(Must sign this form)

SECTION 3 – CONTACT PERSON FOR OUTCOME REPORT

Full Name:

Position:

Email:

Mobile:

SECTION 4 – PROJECT INFORMATION

Project Name:

Actual Project start date (dd/mm/yyyy):

Actual Project completion date (dd/mm/yyyy):

SECTION 5 – PROJECT OUTCOMES

What have been the outcomes of the project to this point?

Describe three things the project has achieved in terms of benefits for participants and / or the community:

How many people were involved in the Project?

Volunteers	Paid Personnel	Partners	Participants (Attendees)

SECTION 6 – COUNCIL ACKNOWLEDGEMENT

(Please attach evidence)

☐ Other:

SECTION 7 – PROJECT FUNDING DETAILS

\$

\$

\$

List all expenditure items related to Council Funding in the table below and provide receipts *Note – All expenditure must be incurred after the funding agreement date.

(If GST registered include GST in the GST column)

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

SECTION 8 - 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 requirement

Full Name:

Position: President / CEO (delete as appropriate)

Signature:		Date:	
------------	--	-------	--

SECTION 9 - DECLARATION BY AUSPICE ORGANISATION

I certify that:

- To the best of my knowledge, the financial information detailed in this report (and relevant attachments) is true and correct.
- I understand I may be asked to provide the Council with additional information on the funded project.

Name of Auspice body:

Authorised Representative's Name:

Position: President / CEO (delete as appropriate)

Signature:		Date:	
------------	--	-------	--

SECTION 10 - ESSENTIAL SUPPORT MATERIAL ATTACHED

☐ Proof of expenditure (provide receipts and/or proof of payment for **all grant expenditure**)

☐ Cheque for unexpended funds (if applicable). A receipt will be issued

☐ At least two high resolution photos of the completed project.

☐ Evidence of funding acknowledgement

☐ Permits (if applicable)

☐ Project feedback

DECLARATION

I _____ declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

Applicant Signature:		Date:	
----------------------	--	-------	--

Douglas Shire Council – Privacy Collection Notice:

Douglas Shire Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which the council manages personal information is governed by *the Information Privacy Act 2009* (Qld). We are collecting your personal information in accordance with the *Local Government Act 2009* so that we can assess and finalise your application. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. For further information about how we manage your personal information please see our Information Privacy Policy.

OFFICE USE

Acquittal Checklist #:	Successful Acquittal ☐ Yes ☐ No	Date:	Officer:
------------------------	---	-------	----------