



**YOUTH & COMMUNITY ASSISTANCE GRANTS PROGRAM  
2018-2019  
ACQUITTAL REPORT**

**DETAILS**

Name of Group/Organisation:

Contact Person:

Title:

Telephone:

Email:

Postal Address:

Name of Responsible Officer:

Type of Grant Received:

**GRANT AMOUNT**

\$

(\$1500 maximum)

Signature of Responsible Officer

**PROJECT DETAILS**

Briefly describe the project/activity that the grant funds were expended on

Did the project achieve the desired outcome?

What do you consider to be the major benefits to the community achieved through the project?

How did you acknowledge Council's support of the Project?

**Please detail how funding was spent:**

<b>INCOME</b>	\$
<b>YOUTH/COMMUNITY ASSISTANCE GRANT</b>	
<b>EXPENDITURE</b> (Receipts must be provided for each item of expenditure and correspond to the total amount of the grant)	\$
<b>TOTAL EXPENDITURE</b>	
<b>BALANCE</b>	

<b>Does your organisation have an ABN?</b>	<b>Yes</b>	<b>No</b>
<b>If Yes please provide details</b>		
<b>If Yes does the statement above exclude GST?</b>		

**PLEASE NOTE – THE BALANCE OF ANY FUNDS UNEXPENDED MUST BE RETURNED TO COUNCIL WITH THIS FORM**