



**YOUTH & COMMUNITY ASSISTANCE GRANTS PROGRAM
2017-2018
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:

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

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

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

2017 – 2018 GRANT ACQUITTAL FORMS ARE DUE BY 31 JULY 2018