



COMMUNITY GRANTS PROGRAM 2019-2020 ACQUITTAL REPORT

DETAILS

Name of Group/Organisation:

Contact Person:

Title:

Telephone:

Email:

Postal Address:

Name of Responsible Officer:

Type of Grant Received:

Community

Youth

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		
Does the statement above include or exclude GST?	Yes /include <input type="checkbox"/>	No/ exclude <input type="checkbox"/>

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