COMMUNITY GRANTS SCHEME

2023/24

ACQUITTAL FORM





Recipient Details:	
Name of Organisation:	
Contact Person:	
Email Address:	
Phone Number:	
Project Details:	
Briefly describe the project that the Community Grant Funding was allocated to:	
Did your organisation succeed in what you set out to achieve?	YES / NO
Were there any significant changes from the project outline in your original application. If yes, please provide details	? YES / NO
Financial Information:	
Grant amount approved:	
Total cost of the project:	

COMMUNITY GRANTS SCHEME

2023/24

ACQUITTAL FORM





Expenditure Att	achments
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Tax Invoice attached:	YES / NO
Expenditure documentation attached:	YES / NO
Additional documentation attached:	YES / NO
Acknowledgement and Promotion:	
Describe how you acknowledged the Community Grants Scheme Funding you receive	ed:
Confirmation if public acknowledgement:	
Additional documentation attached:	YES / NO
Photographs:	
Please attach photographs of the work to support the outcomes and achievements of	this report.
Additional Comments:	
How did you find the Community Grant process:	

COMMUNITY GRANTS SCHEME

2023/24

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Must be completed and returned to Council before 31st May 2024



Do you have any suggestions for improvement to the If yes, please provide details:	scheme or process:	YES / NO		
Do you have any other comments: If yes, please provide details:		YES / NO		
Declaration:				
I declare that all details supplied on the evaluation reknowledge:	oort are true and correct to the be	st of my YES / NO		
Certification Statement by Recipient Organisation:				
I can confirm that the Community Grant to be received reimburse funds for the project application for which it		will be used to YES / NO		
Name:	Signature:			
Position:	Date:			
Barunga West Council Acquittal: (Office use only)				
Name:	Signature:			
Position:	Date:			