

Annual Grant - Acquittal Form

Applicant Details:
Name of organisation/business:
Phone:
Main contact:
Project name:
Post Evaluation of the initiative/project
Please provide a summary of your project/initiative:
Please outline how your project/event met the Shire's Strategic Community Plan's Outcomes as
identified in your application? (Please refer to the link identified in your application and provide a summary of
how you achieved this)
What outcomes and benefits were achieved throughout the duration of the project/initiative?



Please list the people and organisations that contributed to the project/initiative. Both in-kind
support and other sources of funding. Please include the number of volunteer hours that were
contributed to the initiative.
Please list the number of local business that were utilized throughout the duration of the project/initiative.
How was the Shire of East Pilbara acknowledged, advertised or promoted?
This was outlined in your original application agreement. Evidence of acknowledgement must be provided.

Please indicate the number from the following target groups your initiative engaged

Target Groups	Numbers
Children (12 years and under)	
Young people/youth (12-18 years)	
Women	
Men	
Older people	
Aboriginal and Torres Strait Islander people	
People from culturally and linguistically diverse backgrounds	
People with a disability	



Amount received:	<u> </u>		Exc. (GST		
Multiyear funding:	☐ 1 year	☐ 2 years		☐ 3 years		
Budget Breakdown:						
Creditor	Descriptio	n Am		Invoice Attached?	Year	
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Total Exc. GST		٦				
TOTAL EXC. GST						
Declaration:						
1		, representative of				
		_ (name of organ	nisation), ve	rify that all	information	
contained in the acque that any surplus or de future grant application	ficit has been decl	ared. I understan				
Name:			Position:			
Signature:			Date:			



Acquittal Checklist:					
 ☐ Financial acquittal form completed ☐ All receipts pertaining to the funding money is attached ☐ Photos of completed project attached (including any visual acknowledgment of the Shire) ☐ Photo consent forms attached ☐ Acquittal is signed by an authorized member of the organisation or business 					
Office Use Only					
Name of Shire Representative: Position: Manager Community Wellbeing Acquittal documentation correct and accepted? Signature: Date Received:	Yes 	No			
Synergy Record Number: Position: Community Development Officer Signature: Date Received:	_				