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**COMMUNITY FINANCIAL ASSISTANCE PROGRAMME (CFAP)**

**ACQUITTAL REPORT**

**DETAILS OF INCORPORATED ORGANISATION OR AUSPICING ORGANISATION**

**Group/organisation name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact person:**

Title: Mr, Ms, Mrs, Miss (Please circle)

First name: Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job title in the group/organisation:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact number:**

Work: Mobile:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GRANT DETAILS**

**Name of project:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant amount approved: $**

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**Round details:**

* Round one, July
* Round two, February

**DECLARATION**

**Please note, the declaration must be signed by a duly authorised person from the incorporated sponsoring organisation.**

I declare that the Community Financial Assistance Grant of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ex GST) to be provided by the Shire of Katanning has been spent in accordance with the purpose and conditions for which it was granted and that the Financial Statement is a true and fair record of the transactions for this project.

**Signed by authorised person of the incorporated sponsoring organisation**

Full name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATION REPORT**

**Briefly describe what the grant funds were expended on?**

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**What date(s) did you run and complete your project?**

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**How many community sector and/or community participants were involved with this project?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Is there any changes (if any) that you would make to improve the project?**

* No
* Yes(If Yes, please provide details and findings)

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**What acknowledgement did the Shire of Katanning receive as a result of this grant?**

(Please provide details – for example the publication and date, plaque, thanked in welcome speech)

Please ensure the Shire was recognised as per the conditions in your grant agreement.

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**Are there any other comments you would like to make about the grant programme?**

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**FINANCIAL STATEMENT**

**Please list the expended funds received from Council:** Provide a copy of receipts for all expenditure items.

**Please include ALL income and expenditure for the project not just the Council amount.**

|  |  |  |
| --- | --- | --- |
|  | **BUDGET** | **ACTUAL** |
| **INCOME** |
| Community Financial Assistance Programme Grant |  |  |
| Other grant (please detail) -  |  |  |
| Other grant -  |  |  |
| Other grant -  |  |  |
| Other (please list) -  |  |  |
| **TOTAL INCOME** |  |  |
| **EXPENDITURE** |
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| **TOTAL EXPENDITURE** |  |  |
|  |  |  |
| **SURPLUS \*/DEFICIT** |  |  |

Please return to the Shire of Katanning:

PO Box 130 Katanning WA 6317

16-24 Austral Terrace Katanning WA 6317

admin@katanning.wa.gov.au

**Please note the invoice you send to the Shire of Katanning must include your ABN and contact details.**

**You must provide receipts that add up to the invoice amount.**

**The receipts must be of items that Council approved as per your CFAP grant agreement.**

**Please attach photos of your project with this acquittal.**