

Community Assistance Fund

Accountability Report

GRANT ACQUITTAL

An acquittal is a written account of how funds received for a particular purpose have been spent.

It is a legal requirement of the Shire of Coolgardie to obtain acquittals from all groups who receive Shire of Coolgardie Community Assistance Funding.

Acquittals should be received within 60 days of either the conclusion of the project or activity, or 12 months from receipt of grant monies. Failure to provide an acquittal makes a group or organisation ineligible for future funding through the Shire of Coolgardie.

To complete the form please ensure the following:

- All questions are answered.
- Attach copies of receipts.
- Attach copies of supporting evidence. This includes photos of the project in progress as well as at completion, testimonials etc.

Please submit your acquittal electronically to mail@coolgardie.wa.gov.au

If you have any questions regarding the completion of your report, please phone the Economic and Community Development Department on (08) 9080 2111

Name of Organisation:

Chairperson/President:

Postal Address:

Street Address (if different):

CONTACT PERSON

Name:

Position:

Phone:

Mobile:

Email:

PROJECT INFORMATION

Project Title:

Total Amount Received:

Total Amount Expended:

Date Project Completed:

1. Briefly describe how your grant was spent:

2. Did you achieve your aims and objectives? (Please refer to your application form)

3. If you made any variations to the grant, what changes were made?

4. How did participants benefit from their involvement?

5. Have you acknowledged the contribution of the Shire of Coolgardie?

(Please supply examples ie. screenshot of a Facebook post from community group page, press clippings, fliers etc.)

6. Please attach copy of receipts and complete the Financial Report

CERTIFICATION

I certify that the funds described above were used for the approved purpose. To the best of my knowledge and belief, the attached evaluation is true and fair.

(Two signatures to authorise)

Name:

Position:

Signature:

Date:

Name:

Position:

Signature:

Date:



*Please show expenditure to the value of the funds you have received.

Date Received	
Shire of Coolgardie Community Assistance Fund	\$

Expense Items	\$	Receipt Provided
Total	\$	

DECLARATION

I certify that to the best of my knowledge the financial report provided is correct and discloses an accurate account of the income, expenditure and activities.

Applicant:

Name:

Signature:

Name:

Signature:

Date:

