



GRANT ACQUITTAL COMMUNITY & EVENT GRANT FORM 116B

Date stamp

1. GRANT DETAILS

Your acquittal form must be received by the Shire of Dardanup within 1 month of your project / event completion.

Please indicate your category type:

Community Grant

Event Grant

Please indicate your grant type:

Quick Response Community Grant

Community Grant – Level 2

Community Grant – Level 3

Quick Response Event Grant

Event Grant – Level 2

Event Grant – Level 3

Grant Amount Received

Funding Round/Year

2. GRANT RECIPIENT DETAILS

Recipient/Organisation Name

Postal Address

Name of Contact Person & Position

Email

Mobile

Project / Event Name

3. AIMS

What were the aims of your project / event and did you achieve them?

- Foster the distinctiveness of places through the personalisation of community areas
- Activate public spaces
- Build the skills and capacity of the community
- Leave a lasting positive impact on the community
- Promote accessibility and inclusivity for all members of the community
- Empower groups to be proactive in the community

Include reference to the Shire of Dardanup *Strategic Community Plan* as per your application (Level 2 & 3 Event Grants only):

4. PARTICIPANTS

How many people were involved in your project / event and who were they?

5. OUTCOMES

What were the results/outcomes achieved with the financial assistance provided for your project / event?

6. PROJECT / EVENT BUDGET

EXPENDITURE	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenditure	\$
INCOME	Amount
Shire of Dardanup financial assistance	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Income	\$

Have you spent all the grant money?

Yes

No, please provide balance remaining below:

\$

This amount is to be returned to the Shire of Dardanup
(please attach a cheque payable to the Shire of Dardanup)

YOU MUST INCLUDE WITH ACQUITTAL FORM:

- Copies of receipts relevant to your expenditure for the project / event.
- Any relevant materials such as promotional flyers, advertising, newsletters and photos should also be attached.

7. DECLARATION

I, the undersigned, certify that I have been authorised to submit this acquittal, and that the information contained herein and attached is to the best of my knowledge true and correct.

Applicant/Organisation Name

Contact Person (if not Applicant)

Position

Signature

Date

8. RETURN FORM

Shire of Dardanup
1 Council Drive/PO Box 7016
EATON WA 6232

Phone: (08) 9724 00000 Fax: (08) 9724 0091
Email: records@dardanup.wa.gov.au