# **Community Grants Program 2023/24**

# Acquittal Form

Please submit this form to the Shire of Quairading **by 5pm Friday 31st August 2024.**

Please include:

(a) Copies of all receipts or invoices pertaining to your use of grant funds

(b) Any relevant photos as evidence that the project, activity or event took place

(c) Copies of any media, promotional or publicity material your project may have generated

|  |  |  |
| --- | --- | --- |
| **Post** | **Email (preferred)**  | **In Person** |
| Community Grants Shire of QuairadingPO Box 38QUAIRADING WA 6383 | chloe.nella@quairading.wa.gov.au | Chloe NellaQuairading CRC Office |

|  |
| --- |
| Organisation Information |
| Organisation Name |       |
| Contact Person |       |
| Position |       |
| Postal Address |       |
| Phone |       | **Email** |       |
| Project / Event Title |       |

|  |
| --- |
| Project Information |
| Please provide a brief description of your project or event: (Please include any relevant photos as evidence that the project, activity or event took place)*Click or tap here to enter text.* |
| How many participants were involved in your project or event? Were any participants from a particular demographic group represented (e.g. seniors, youth, Noongar etc)?*Click or tap here to enter text.* |
| How did you acknowledge the support received from the Shire of Quairading?*Click or tap here to enter text.* |

|  |  |
| --- | --- |
| Project Expenditure |  |
| Description | **Funding amount** **CASH****(ex GST)** | **Funding amount** **IN-KIND****(ex GST)** | **TOTAL** |
| Shire of Quairading – Community Grant | **$**       | **$**       | **$**       |
| Club / Organisation | **$**       | **$**       | **$**       |
| Other External Funding (Grants / Loans / Donations) | **$**       | **$**       | **$**       |
| Total | **$**       | **$**       | **$**       |

|  |
| --- |
| **ITEMISED STATEMENT OF EXPENDITURE** |

**Please itemise how you spent funds from the Shire of Quairading Community Grants Program.
You must attach copies of all receipts or invoices referred to in this statement as proof of payment.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **PAID TO WHOM** | **ITEM OR PURPOSE** | **AMOUNT (ex GST)** | **GST paid** | **TOTAL COST****(incl GST)** |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
| **TOTAL GRANT FUNDS EXPENDED** |  |  |  |

|  |
| --- |
| Declaration |
| I declare:1. That I am authorized to act on behalf of the group named on this grant acquittal report;
2. That the project details and financial information included are correct and complete; and
3. That they provide a true and accurate reflection of the project to which the grant funding was directed.
 |
| Signature |  |
| Name |  |
| Date |  |