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Community Facility Fund

**Acquittal Form 2024- 25**

**Applicant Details**

This is the group which undertook the project and the person legally authorised to enter into contracts on behalf of the organisation. This is generally the president or chairperson.

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| --- | --- |
| Legal Name of Organisation |  |
| Organisation Name |  |
| Position |  |
| Telephone |  |
| Mobile |  |
| Email |  |

**Project Details**

Provide details of partnerships with other organisations or community groups that helped to deliver this project. Outline how they supported the project.

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Describe how the project has been promoted to members and the broader community.

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How did you acknowledge the Shire of Boddington’s contribution to the project? Please attach evidence.

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**Budget Details**

Use the table below to list the expenses your project will incur, detail the income and in-kind that will cover the expenses, and identify their source.

Please note Shire of Boddington’s contribution is limited to 33% of the total project.

**Income:** List all sources of cash funding including grants, sponsorship, donations, club funds

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| --- | --- | --- |
| Item Description | Budget (ex GST) | Actual (ex GST) |
| Shire of Boddington grant |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total (A) | $ | $ |

**In Kind Contribution:** List non cash items, in-kind and volunteer details

|  |  |  |
| --- | --- | --- |
| Organisation – Item - Description | Budget (ex GST) | Actual (ex GST) |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
| Total (B) | $ | $ |

|  |  |
| --- | --- |
| Total Project Value (A) + (B) | $ |

**Expenditure**

|  |  |  |
| --- | --- | --- |
| Item Description | Budget (ex GST) | Actual (ex GST) |
|  |  |  |
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|  |  |  |
|  |  |  |
| Total (C) | $ | $ |

|  |  |
| --- | --- |
| Surplus/ Deficit (A) – (C) | $ |
| **Declaration** |

**Declaration**

🞏 I declare the organisation has read and understood the Community Facility Fund Guidelines.

🞏 I declare I am the authorised person to submit this application on behalf of my organisation and are authorised to sign legal documents on behalf of the organisation.

🞏 I declare the information provided in this application and attachments is to the best of my knowledge true, correct.

🞏 I have attached supporting documentation (including receipts or invoices).

🞏 I understand false or misleading statements listed in this Community Facility Fund Acquittal can result in disqualifying the organisation from future funding.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
| Signature  |  | Date |  |