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Community Grant Program

**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.

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

**Project Details**

Outline how the grant funds were used.

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|  |

Describe how the project benefited those participating and the community of Boddington

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How did you acknowledge the Shire of Boddington’s contribution to the project?

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**Budget Details**

Any unused grant funds are to be returned to The Shire of Boddington. An invoice will be issued upon review of the completed report, if applicable.

Use the table below to demonstrate how the approved funding amount was used by listing the expenses your project incurred.

Please note Shire of Boddington’s contribution is limited to 75% of the total project expenditure, and no more than $2,000.

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

|  |  |
| --- | --- |
| Grant Amount | $ |
| Funds Spent | $ |
| Unspent Funds | $ |

|  |  |  |
| --- | --- | --- |
|  | **BUDGET ($)** | **ACTUAL ($)** |
| **INCOME** |  |  |
| Shire of Boddington Community Grant s Program | Click here to enter text. | Click here to enter text. |
| Other Grants | Click here to enter text. | Click here to enter text. |
| Other (include any in-kind support) | Click here to enter text. | Click here to enter text. |
| Your contribution | Click here to enter text. | Click here to enter text. |
| **TOTAL INCOME** | Click here to enter text. | Click here to enter text. |
| **EXPENDITURE** |  |  |
| Eg. Advertising | Click here to enter text. | Click here to enter text. |
| Facilitator fees | Click here to enter text. | Click here to enter text. |
| Equipment | Click here to enter text. | Click here to enter text. |
| Venue hire | Click here to enter text. | Click here to enter text. |
| Catering | Click here to enter text. | Click here to enter text. |
| Other (include any in-kind expenditure) | Click here to enter text. | Click here to enter text. |
| **TOTAL EXPENDITURE** | Click here to enter text. | Click here to enter text. |
| **SURPLUS\*/DEFICIT** | Click here to enter text. | Click here to enter text. |

**Declaration**

🞏 I declare the organisation has read and understood the Community Grant Program 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 and discloses all estimates as accurate as possible.

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

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

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