

# COMMUNITY SMALL GRANT ACQUITTAL



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Office Hours  
8.00am - 4.00pm  
Monday - Friday

Section A: APPLICANTS DETAILS				
Name of Organisation:				
Postal Address:				
Contact Person:				
Email: (will be used for funding remittance)				
Phone:	(B/H)		(Mob)	
Is your organisation registered for GST	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ABN	
Is your organisation Incorporated	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Incorporation No.	
Do you have Public Liability Insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Section B: PROJECT / EVENT SUMMARY						
Type of Project / Event:						
Name of Project / Event:						
Project or Event Date/s:						
Total Budget:						
Received Funding:						
<b>Project Description</b> Did your Project / event achieve the proposed objectives, expected outcomes, proposed actions?						
Was revenue generated as a result of the project / event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Expected Revenue:	\$	Actual Revenue:	\$
Was this a fund raising project / event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Beneficiaries?			
Did you work with any other community groups or businesses in delivery of this project / event?	Group / Business		Contact Name	Phone		
Did you applied for other external funding?	Funding Body		Status	Expected Amount	Actual Amount	
				\$	\$	
				\$	\$	

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## Section C: PROJECT /EVENT BENEFITS

You are welcome to attach additional pages should there be insufficient space.

Why was this project / event important?

Please describe how this project / event benefited members of your organisation

Did your project benefit the wider community? Please CLEARLY explain how others benefited from your project / event

Did your project / event meet any of the Community Small Grant objective/s

If YES, please state which objective/s your project / event met and how your project / event achieved that objective/s

YES

NO

If NO, please provide a comprehensive explanation as to why it did not meet any objectives

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## Section D: FINANCIAL DETAILS

**BUDGET:** Please provide a detailed budget for the project / event you requested support for from Council. All costs should be itemised in the space provided below. Please note that your income and expenditure should match. If the project / event is fundraising to be retained, please indicate as retained profit. Please refer to the Guidelines for in-kind support information. Please provide copies of all invoices received as proof of expenditure.

### INCOME

INTERNAL FUNDING - CASH						BUDGETED AMOUNT	ACTUAL AMOUNT
1.	Applicants Cash Contribution					\$	\$
2.	In-Kind Volunteer Labour		Hours @ \$25		Hours @ \$40	\$	\$
3.	In-Kind Donated Materials					\$	\$
4.	Other					\$	\$
5.	Fundraising - Retained Profit					\$	\$
6.	<b>TOTAL INTERNAL FUNDING (SUM OF 1:5)</b>					\$	\$

### EXTERNAL FUNDING

7.	Shire of Three Springs Funding					\$	\$
8.	Funding Organisation 1					\$	\$
9.	Funding Organisation 2					\$	\$
10.	Participant Fees (if applicable)					\$	\$
11.	Other					\$	\$
12.	Other					\$	\$
13.	<b>TOTAL EXTERNAL FUNDING (SUM OF 7:12)</b>					\$	\$
14.	<b>TOTAL INCOME (SUM OF 6 + 13)</b>					\$	\$

### EXPENDITURE

	ITEM	BUDGETED AMOUNT	ACTUAL AMOUNT
15.		\$	\$
16.		\$	\$
17.		\$	\$
18.		\$	\$
19.		\$	\$
20.		\$	\$
21.		\$	\$
22.		\$	\$
23.		\$	\$
24.		\$	\$
25.	<b>TOTAL EXPENDITURE</b>	\$	\$

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	BUDGETED AMOUNT	ACTUAL AMOUNT
Total cost of project / event (25)	\$	\$
Amount of council funding received (7)	\$	\$
Your internal funding (6 - 5)	\$	\$
Fundraising Profit	\$	\$
Contribution from other sources (13 - 7)	\$	\$
Is there a difference between budgeted and actual amounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, please explain why. Unspent Council funds will need to be returned to the Shire of Three Springs.

## Section E: DECLARATION

I hereby declare that the information supplied on behalf of the named organisation is correct. I consent to the Shire of Three Springs collecting the personal contact details provided in this acquittal. We acknowledge your right to have access to our personal information, in accordance with the Privacy Act 2000.

I also declare that I have read the Shire of Three Springs Community Small Grants Guidelines and agree to comply with the provisions included.

<b>Signature</b>			
<b>Name</b>		<b>Date</b>	
<b>Position *</b> (Must be an executive committee member)			
<b>Bank Account</b>	<b>BSB</b>		<b>ACC</b>
<b>Account Name</b>			

## Office Use Only

Date Received		Records Ref		File Ref	
Approval under delegated Authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO*	*Report to Council required			
Authorised Officer under the instrument of Delegation Number					
<input type="checkbox"/> Approved	\$	<input type="checkbox"/> Declined	Reason:		
*If No, Council Meeting Date		*Outcome of Council Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Declined, OMC No		
Applicant Notified	<input type="checkbox"/> YES	Date		Records Ref	File Ref

Name of Committee Chairperson

Signature

Date