

Shire of Wickepin

Community Grants Program Acquittal Form 2020/21

Organisation Name: _____

Project Description: _____

Organisation Details

Address: _____

Contact Person: _____

Phone Number: _____ Email: _____

Please briefly describe how your project was delivered and the benefits to your organisation and the broader community.

For community events, how many people attended your event?

Was the funding spent according to the original grant application? Yes No

If No, please explain why.

Shire of Wickepin

Please detail any community feedback you received on the project.

Budget

Total cost: _____

Council's contribution: _____

Applicant's cash contribution: _____

| FINANCIAL STATEMENT (Please list what the grant was spent on). | |
|--|--------|
| Expenditure | Amount |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total Expenditure | \$ |

Please attach the following documentation:

1. Copies of receipts for the purchase of any equipment or service.
2. Schedule of voluntary labour (if applicable)
3. Schedule of donated materials (if applicable)
4. Media clippings (where appropriate)
5. Promotional Media such as flyers/ posters /stickers etc (where appropriate)
6. Photographs (where appropriate)

Signed _____ Dated _____

Shire of Wickepin

Schedule of Voluntary Labour

To be completed by the Sponsorship recipient:

| Date | Name of Volunteer | Purpose | Rate \$ | Hours | Total \$ |
|--------------|-------------------|---------|------------|-------|-------------|
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| | | | | | |
| TOTAL | | | | | |

Voluntary Labour can be calculated at \$25 per hour

I certify the above voluntary labour was worked by volunteers at the hours as indicated above.

Name: _____

Signature: _____

Position: _____

Date: _____

Shire of Wickepin

Schedule of Donated Materials

To be completed by the Sponsorship recipient:

| Date | Name of supplier | Description | Retail Cost \$ | Cash paid to supplier \$ | Total Donations claimed \$ |
|--------------|------------------|-------------|----------------|--------------------------|----------------------------|
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| TOTAL | | | | | |

I certify the above donated materials were supplied as noted to a total value of

Name: _____

Signature: _____

Position: _____

Date: _____