



COMMUNITY PROJECT/EVENT ACQUITTAL AND COMPLETION RECORD

Office Use Only
Records Department

File No:

Document No:

It is a requirement of receiving a contribution for your project from Buloke Shire Council that you complete this form and return it via the options at the bottom of this form.

The information you include on this form and the items you attach to demonstrate the completion of your project are our record of the use to which Council's contributions have been put.

There is no time limit on returning this form but your organisation may be ineligible for any further contributions from Council for your projects until this project has been recorded as completed.

1. Applicant Details

Name of organisation:

Postal address:

Name of person completing this form:

Daytime telephone:

Email Address:

2. Project, event or activity (the project)

Name of Project

Amount Awarded \$

Start Date:

End Date:

3. Project evaluation - Briefly describe your project. What did you do?

4. Detail how many people participated in your project

Include audience generated

Who participated (including volunteers)

Total number of people

Any target groups within the community

5. Was the Shire's support of the project acknowledged:

- o In any relevant publicity,
- o On the organisation's website;
- o At appropriate functions; or
- o in relevant documents such as newsletters

Please provide details

8. Recipients certification

Note: if your grant was sponsored, the sponsoring organisation must complete this certification

Any person signing this Acquital Report certifies to the Shire that the person has the authority to do so. These are usually the President, Secretary or Treasurer of the organisation.

We hereby certify on behalf of our organisation that:

- To the best of our knowledge, information detailed in this report (and relevant attachments) is true and correct
- We will provide the Shire with additional information on the funded project if required

Representative One

Name	_____
Position in organisation	_____
Signature	_____
Date	_____

Representative Two

Name	_____
Position in organisation	_____
Signature	_____
Date	_____

LODGEMENT



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