

**COMMUNITY SUPPORT FUND – FINAL PROJECT REPORT**

APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT DATE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRANT AMOUNT $: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (GST inclusive)

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| The completion and return of this report is a requirement of your funding agreement with Bellingen Shire Council. This report provides valuable information that enables Bellingen Shire Council to continue to assist community and not-for-profit organisations and to undertake ongoing assessment of the Fund and recognition of the value of the Community Grants Program.  **Acquittal reports must be completed and returned to Bellingen Shire Council within two months of the project/activity taking place.** Failure to provide an acquittal report may result in any future requests for support being refused or deemed ineligible.  We strongly suggest that you keep a copy of all applications and reports for your own records.  Please return the completed and signed report to the Community Development Officer via email at [louisefazio@bellinge.nsw.gov.au](mailto:louisefazio@bellinge.nsw.gov.au) and Cc [council@bellingen.nsw.gov.au](mailto:council@bellingen.nsw.gov.au). |

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| **PROJECT REPORT** |

**Project Description**

Please provide a brief description of your project/activity e.g.; where, when, how many attendees, what activities took place, etc.

**Objectives and Outcomes**

Please describe how your project/activity met its objectives as outlined in your application. What were the outcomes and how did you achieve these outcomes?

**Alignment**

Please list and describe how your project/activity aligned to Council’s priorities as outlined in its Community Vision.

**Acknowledgment**

How was Bellingen Shire Council acknowledged as part of this activity/project?

**Grant Expenditure**

Please provide details on how the Community Support Fund grant funds were used. ***Please provide a budget breakdown including copies of invoices/receipts. This can be provided as an attachment.***

**Project/Activity Success**

Please describe how successful your project/activity was including any key learnings and outcomes.

**Additional Information**

Please provide any additional information regarding your project/activity including photos, media clippings, etc (up to a maximum of 5mb). **Please note:** ***Council may use this information in its reports and/or for promotional purposes. By providing photos, Council is of the understanding that the appropriate approvals have been given by any person or persons pictured.***

**General Comments/Feedback (optional)**

Please provide any additional comments or feedback regarding your project/activity or the Community Support Fund.

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| **I certify that the information contained in this report is true and accurate.**    Name:  Signature:  Position: Date:  I hereby give permission for Bellingen Shire Council to use the information contained in this acquittal report for evaluation / reporting / promotional purposes:  q Yes q No |