

COLAC OTWAY SHIRE – Reporting Form COMMUNITY FUNDING PROGRAM 2017/18



Recreation Facilities / Community Projects / Small Equipment & Training / COPACC Hire Assistance

Reporting Forms are due to Council 1 May 2018

COLAC OTWAY SHIRE COMMUNITY FUNDING PROGRAM 2017/18 Reporting Form

APPLICATION CATEGORY

Please tick the category in which your organisation/group was funded

- | | |
|---------------------------------|--------------------------|
| Community Projects | <input type="checkbox"/> |
| Recreation Facilities | <input type="checkbox"/> |
| Small Equipment/Training | <input type="checkbox"/> |
| COPACC Assistance | <input type="checkbox"/> |

Reporting Obligations:

- Funded organisations are required to complete an evaluation process for each grant. This must be completed at the end of the project. The group will be ineligible for any further grants if this evaluation process is incomplete. An expenditure statement will be required within the evaluation process.
- Funds made available through this grant are to be spent on the activities described in the application. Funded groups must seek advice from the Council before making significant changes to the implementation of the project.
- Allocated funds are to be expended by 31 May 2018 of receiving the funding, unless otherwise negotiated.
- Receipts and/or documentation that provide evidence of expenditure for items funded via the grant must be attached to this reporting form.
- The Colac Otway Shire is not responsible for meeting any shortfall should the project run over budget. Any Colac Otway Shire funds that are not expended on the project must be returned to Council.

Please complete this Reporting Form within one month of the project ending and return to:

COMMUNITY FUNDING PROGRAM 2017/18
Colac Otway Shire Council
PO BOX 283
COLAC 3250
EMAIL: inq@colacotway.vic.gov.au

Need Any Help or Advice?

Applicants are encouraged to discuss their project/application prior to submission with Council's Recreation & Open Space Unit on 5232 9400.

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DETAILS OF THE COMPLETED PROJECT

Name of organisation which undertook the project:

Name of the auspice organisation for the project: *(if applicable)*

Total grants \$ received through this program: \$

Total cost of the project: \$

Title of the project: \$

Brief description of the project:

What was the aim of the project, as noted in your application? *Please base your response to this evaluation on the proposal documented in your grant application.*

Did you achieve this aim? Yes No Partially

What was the cost (if any) to the participants? \$

Have you provided copies of promotional materials distributed, where applicable? Yes No

(Grant recipients are required to recognise the Colac Otway Shire as funding source of the project on any promotional material is produced.)

Describe the benefits of the project to the residents of Colac Otway Shire:

Please attach any additional information, newspaper clippings or photos to this reporting form.

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BUDGET DETAILS OF PROJECT:

Receipts and/or documentation that provide evidence of expenditure for items funded via this grant should be attached to this reporting form.

PROJECT EXPENDITURE:

Please indicate all costs incurred relating to your project

SOURCE:	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
In-kind contribution/works as Expenditure <i>(if applicable)</i> Please provide a description of in kind Assistance/contribution eg: how much volunteer time was spent on this project or list goods or services provided at no cost to the project	
In-kind labour Volunteer Time: _____hrs x \$ _____rate Tasks <i>please provide details:</i>	\$
In-kind goods or services <i>Please provide description of what was provided:</i>	\$
TOTAL EXPENDITURE	\$

INCOME:

Please list all income received relating to your project including the amount of this grant

FUNDING SOURCES:	AMOUNT
Colac Otway Shire Grant	\$
Orgnaisation cash contribution:	\$
Other Grant Sources: <i>(if applicable)</i>	
	\$
	\$
	\$
In-kind contribution as Income <i>(if applicable)</i>	
In-kind labour contribution as Income	\$
In-kind goods or services as Income	\$
TOTAL INCOME	\$

Declaration:

I affirm, on behalf of the grant recipient organisation, that all details supplied in this Reporting Form and any attachments are true and correct to the best of my knowledge. I acknowledge that the Funding Agreement has been read and fully understood.

Name : _____

Position/Title: _____

Signature: _____

Date: _____

In accordance with the terms and conditions of the funding agreement, Council reserves the right to conduct an independent audit of your organisation's books and records.