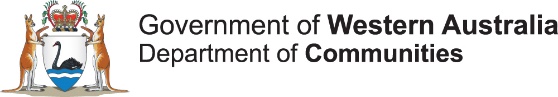
****

# COVID-19 Youth Recovery Grants Program – Acquittal Report

## Section One - General Information

**1.1 Grant Details**

|  |  |
| --- | --- |
| Name of project:  organisation: | Click here to enter text. |
| Grant amount $: | Click here to enter text. |

**1.2 Applicant’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal name of organisation: | Click here to enter text. | | |
| Trading name (if applicable): | Click here to enter text. | | |
| Postal address: | Click here to enter text. | | |
| Suburb: | Click here to enter text. | Postcode: | Click here to enter text. |

**1.3 Contact Person – responsible for the daily co-ordination of the project**

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Position: | Click here to enter text. |
| Telephone: | Click here to enter text. |
| Email: | Click here to enter text. |

## Section Two - Declaration

I declare that the Youth Engagement Grant Program funding of $ Click here to enter text. (ex GST) provided by the Department of Communities has been spent in accordance with the purpose and conditions for which it was granted and that the financial statements are a true and fair record of the transactions for this project.

| Legally authorised officer name: | Click here to enter text. |
| --- | --- |
| Legally authorised officer position: | Click here to enter text. |
| Legally authorised officer telephone: | Click here to enter text. |
| Legally authorised officer signature: | Click here to enter text. |

## Section Three - Project evaluation

Please read all of the questions before you start writing your responses. If you feel that you will need more space than that provided, please provide attachments with your Evaluation Report.

**3.1 Briefly describe what you did in your project.**

Click here to enter text.

**3.2 Please describe how young people were involved in the planning and implementation of the project?**

Click here to enter text.

**3.3 Please list the community organisations and agencies that you partnered with to deliver the grant project. Describe how the organisation supported the project.**

|  |  |
| --- | --- |
| **Names of Partner Organisation/Agency** | **How did the partner organisation/agency support your project?** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**3.4 How many young people with the following characteristics were involved and attended your program/project?**

|  |  |  |
| --- | --- | --- |
| **Young person** | **Number of young people involved in planning/implementation** | **Number of young people who attended the program/project** |
| Young people with a disability; including those with a mental illness | Click here to enter text. | Click here to enter text. |
| Young people from culturally and linguistically diverse backgrounds | Click here to enter text. | Click here to enter text. |
| Young Aboriginal or Torres Strait Islander people | Click here to enter text. | Click here to enter text. |
| Young people caring for a person with a disability; including those with a mental illness | Click here to enter text. | Click here to enter text. |
| Young people not included in above | Click here to enter text. | Click here to enter text. |
| **Total** |  |  |

**3.5 How many young people in the following age groups were involved and attended your program/project?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Groups** | **Male** | **Female** | **Diverse Gender Identity** |
| 10 - 12 | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 13 -15 | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 16 - 18 | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Totals | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**3.6 Please provide a specific example to demonstrate how the project achieved each of the following outcomes.**

|  |  |
| --- | --- |
| **Program Outcomes** | **Example** |
| Develop the knowledge, confidence and skills young people need to be actively involved in community life and to respond to issues impacting on their lives. | Click here to enter text. |
| Provide opportunities for young people to learn and develop life skills to help them to achieve their goals. | Click here to enter text. |
| Promote and/or create environments and accessible services and programs to keep young people well and promote lifelong healthy lifestyles. | Click here to enter text. |

**3.7 What was the most significant change for young people as a result of their involvement in this project? You may wish to provide a specific example of the change that happened for one of the participants (**excluding identifying information**).**

Click here to enter text.

**3.8 Please provide a summary of any feedback you received from project participants.**

Click here to enter text.

**3.9 Please outline any successes you experienced in the delivery of your grant project.**

Click here to enter text.

**3.10 Please outline any challenges you faced in the delivery of your grant project and what changes (if any) would you make to improve the project?**

Click here to enter text.

**3.11 If an evaluation of the project was completed, please attach the results to this acquittal form.**

**3.12 What acknowledgement did the Department of Communities receive as a result of this grant?** Please provide details – for example the publication and date.

Click here to enter text.

**3.13 Are there any comments you would like to make about the grant program or the grant application process?**

Click here to enter text.

## Section Four - Financial Reporting

|  |  |  |
| --- | --- | --- |
|  | **BUDGET ($)** | **ACTUAL ($)** |
| **INCOME** |  |  |
| Youth Engagement Grant | Click here to enter text. | Click here to enter text. |
| Other Grants | Click here to enter text. | Click here to enter text. |
| Other (include any in-kind support and identify it as in-kind) | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
| **TOTAL INCOME** | Click here to enter text. | Click here to enter text. |
| **EXPENDITURE** |  |  |
| Eg. Advertising | Click here to enter text. | Click here to enter text. |
| Eg. Facilitator fees | Click here to enter text. | Click here to enter text. |
| Eg. Venue hire | Click here to enter text. | Click here to enter text. |
| Eg. Catering | Click here to enter text. | Click here to enter text. |
| Eg. Other (include any in-kind expenditure and identify it as in-kind) | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
| **TOTAL EXPENDITURE** | Click here to enter text. | Click here to enter text. |
| **SURPLUS\*/DEFICIT** | Click here to enter text. | Click here to enter text. |

**\*If you have any surplus funds, please contact the Department of Communities prior to the submission of this Acquittal Report to discuss.**