Age-friendly and Dementia-friendly Communities Grants Program

**Acquittal Form**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **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 Age-friendly and Dementia-friendly Communities Grant 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.

I agree that all documentation pertaining to the program, including copies of receipts and audited financial statements, will be retained for a minimum of twelve months and be made available to the Department of Communities or their auditors on request.

| 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: |  |

## **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 How did the project align with the align to the age-friendly and dementia-friendly communities principles?**

Click here to enter text.

**3.2 How were community members actively involved in the design, planning and implementation of the project?**

Click here to enter text.

* 1. **What steps were taken to identify and include seniors in the project who may be socially isolated, physically impaired, from Aboriginal or culturally and linguistically diverse (CaLD) backgrounds, and those who may be socially isolated?**

Click here to enter text.

**3.4 How many members of the community benefitted from the project?**

Click here to enter text.

**3.5 Which government, non-profit, and or business organisations were actively involved in the planning, delivery and/or evaluation of this project?**

|  |  |
| --- | --- |
| Organisation | Contribution to 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. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**3.5 What feedback was received from the community in response to the project?**

Click here to enter text.

**3.6 A copy of the project review and evaluation is attached to this acquittal document**

[ ]

**Please provide a summary of the project review and evaluation findings, with specific reference to the following:**

1. **The effectiveness of achieving the project outcomes.**

*as specified in the grant agreement or project application for grants less than $10,000*

Click here to enter text.

1. **The feasibility and sustainability of the project for the future.**

Click here to enter text.

**3.7 Detail any challenges that were experienced during the implementation of this project**

Click here to enter text.

**3.8 What was the most significant change experienced within the community as a result of this project?**

Click here to enter text.

**3.9 Please list (and attach where possible) any acknowledgements of the Department of Communities with regard to this project.**

Click here to enter text.

**3.10 Provide any feedback about the Age-friendly Communities Innovation and Implementation Grants Program.**

Click here to enter text.

## **Section Four – Financial reporting**

|  |  |  |
| --- | --- | --- |
|  | **BUDGET ($)** | **ACTUAL ($)** |
| **INCOME** |  |  |
| Age-friendly Communities 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) | 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. |
| Facilitator fees | Click here to enter text. | Click here to enter text. |
| Equipment  | Click here to enter text. | Click here to enter text. |
| Venue hire | Click here to enter text. | Click here to enter text. |
| Catering | Click here to enter text. | Click here to enter text. |
| Other (include any in-kind expenditure) | 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. |

**\*Unspent grant funds:**

Any unused grant funds are to be returned to Department of Communities. An invoice will be issued upon review of the completed report, if applicable.

**Submitting this report:**

Completed and signed acquittal reports should be emailed, with any attachments, to grants@communities.wa.gov.au