**Office Use Only**

| Grant Reference Number: |  |
| --- | --- |
| Date Received:  |  |
| Acknowledged: |  |

# WA Youth Week - 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 WA Youth Week Grant Program funding of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (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: |  |

## 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 Please describe the key outcomes of your activity/event for young people and the community.**

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 How many young people with the following characteristics were involved and attended the activity/event?**

|  |  |  |
| --- | --- | --- |
| **Young person** | **Number of young people involved in planning/implementation** | **Number of young people who attended the activity/event**  |
| 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 who identify as gay; lesbian; bisexual; transgender or intersex | Click here to enter text. | Click here to enter text. |
| Young people at-risk (e.g. homeless youth; unemployed young 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. |
| Totals  | Click here to enter text. | Click here to enter text. |

**3.4 How many young people in the following age groups were involved in planning and implementation of the activity/event?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Groups** | **Male** | **Female** | **Diverse Gender Identity** |
| 12 -14 years  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 15 – 17 years | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 18 – 25 years | 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. |

**3.5 How many young people in the following age groups attended the activity/event?**

|  |  |
| --- | --- |
| **Age Groups** | **Number of young people who attended**  |
| 12 -14 years  | Click here to enter text. |
| 15 – 17 years | Click here to enter text. |
| 18 – 25 years  | Click here to enter text. |
| Totals | Click here to enter text. |

**3.6 Please list the community organisations and agencies that you partnered with to deliver the event. Describe how the organisation supported the activity/event.**

|  |  |
| --- | --- |
| **Names of Partner Organisation/Agency** | **How did the partner organisation/agency support your activity/event?** |
| 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. |

**3.7 Do you think community awareness of young people and youth issues have been increased though WA Youth Week activities?**

 Yes. [ ]  No. [ ]

 If yes, how?

Click here to enter text.

**3.8 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.

**3.9 Are there any comments you would like to make about the program?**

Click here to enter text.

## Section Four - Financial Reporting

|  |  |  |
| --- | --- | --- |
|  | **BUDGET ($)** | **ACTUAL ($)** |
| **INCOME** |  |  |
| WA Youth Week 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. |
|  | 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. |
|  | 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.**