Grants for Women 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 Grants for Women 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 Briefly what you did in your project.**

Click here to enter text.

**3.2 How did the project align with the align to the Stronger Together: WA’s Plan for Gender Equality?**

Click here to enter text.

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

Click here to enter text.

**3.5 How many women benefitted from the project?**

Click here to enter text.

**3.6 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. |

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

Click here to enter text.

**3.8 Was an evaluation of the project was completed? If yes, please attach the results to this acquittal form**

Yes

No

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

Click here to enter text.

**3.10 What was the most significant change for women as a result of this project?**

Click here to enter text.

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

Click here to enter text.

**3.12 From time to time, the Department of Communities profiles/promotes projects that have been funded though the Grants for Women Program. Do you consent to your project being promoted on the Department’s website?**

Yes

No

**3.13 Provide any feedback about the Grants for Women Program.**

Click here to enter text.

## **Section Four – Financial reporting**

|  |  |  |
| --- | --- | --- |
|  | **BUDGET ($)** | **ACTUAL ($)** |
| **INCOME** |  |  |
| Grants for Women 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, photos etc. to [grants@communities.wa.gov.au](mailto:grants@communities.wa.gov.au)