

Facility Grant Program



Acquittal Form

Name of Organisation: _____

Contact Person: _____ Phone No: _____

Name of Project: _____

Has the project been completed? Yes No Project completion date: / /

What financial year did the project receive funding? _____

Please provide actual income and expenditure details for the project:

Income	Income Amount	Expenditure (please list)	Expenditure Amount
Grant from Council			
Club contribution			
Other			
In-kind support		In-kind support	
Total income		Total Expenditure	

Note: Total income and total expenditure should match

Supporting Documentation

- A copy of receipts/invoices for work (required)
AND
- Photographs of 'before' and 'after' / completed project OR
- Certificate of completion / compliance OR
- In-kind support details OR
- I request an on-site inspection: please state your preferred meeting.

Date: / / Time: _____

Signed: _____

Position within the organisation: _____

Date: / /

Please return to: Jane Hinds
Corangamite Shire Council
PO Box 84
Camperdown VIC 3260
grants@corangamite.vic.gov.au