

E: <u>btnshire@bridgetown.wa.gov.au</u>
W: <u>www.bridgetown.wa.gov.au</u>

Phone: (08) 9761 1555 Fax: (08) 9761 2023

FUNDING ACQUITTAL

	ORGANISATION NAME
	FUNDING PURPOSE
	FINANCIAL YEAR
NT COMMUNITY GRANT NON-CONTESTABLE FUNDING	SERVICE AGREEME

Please ensure you have included the following. Incomplete acquittals will be returns for revision and resubmission.

- o Photocopies of all invoices and receipts related to the funding provided
- o Photocopies of press releases and promotional photographs
- o The signature of the Chairperson or President of your organisation (see next page)
- Complete answers to every question on following pages



1-3 Steere Street, PO Box 271 Bridgetown, Western Australia, 6255

E: btnshire@bridgetown.wa.gov.au
W: www.bridgetown.wa.gov.au

Phone: (08) 9761 1555 Fax: (08) 9761 2023

FUNDING ACQUITTAL DETAILS					
ORGANISATION:					
CHAIRPERSON OR PRESIDENT:					
POSTAL ADDRESS:					
TOWN/SUBURB:	ST	ГАТЕ:	POSTCODE:		
MAIN CONTACT PERSON:					
POSITION IN ORGANISATION:		PHONE NUMBER:			
EMAIL ADDRESS:					
NAME OF PROJECT OR EVENT:					
NUMBER OF PEOPOLE INVOLVED:					
OMMENCEMENT DATE: COMPLETION DATE:					





E: btnshire@bridgetown.wa.gov.au
W: www.bridgetown.wa.gov.au

Phone: (08) 9761 1555 Fax: (08) 9761 2023

PROJECT REVIEW				
STRATEGIC OBJECTIVES OF THE SHIRE THAT WERE MET BY THE PROJECT (please refer to your original application form for details)				
WAS THE PROJECT SUCCESSFUL AND WHAT OUTCOMES WERE ACHIEVED				

FUNDING AND CONTRIBUTIONS				
TOTAL COST OF PROJECT OR EVENT	\$			
AMOUNT OF COUNCIL FUNDING	\$			
ORGANISATION CONTRIBUTION (internal funding)	\$			
CONTRIBUTION FROM OTHER SOURCES (external funding)	\$			
DETAILS OF CONTRIBUITONS IN KIND (volunteer labour, materials, ect.)				



1-3 Steere Street, PO Box 271 Bridgetown, Western Australia, 6255

E: btnshire@bridgetown.wa.gov.au
W: www.bridgetown.wa.gov.au

Phone: (08) 9761 1555 Fax: (08) 9761 2023

ACQUITTAL ACKNOWLEDGEMENT				
I, the undersigned, certify that all the information provided is true and correct and give permission to the Shire of Bridgetown-Greenbushes to contact any persons or organisations to verify information contained in this acquittal.				
NAME:				
POSITION IN ORGANISATION:				
SIGNATURE:	DATE:			