



Community Grants Program Project Evaluation & Financial Acquittal Form

2nd Round 2009/2010

Please complete the following information:

ABOUT YOU

Applicant/Organisation:			
Address:			
Name of Person Managing the Project:			
Position Title:			
Contact Telephone:		Fax:	
Email Address:			

ABOUT YOUR PROJECT

Name of your event/program/activity?

How happy were you with your event/program/activity? Please tick.

<input type="checkbox"/>	Very Satisfied
<input type="checkbox"/>	Satisfied
<input type="checkbox"/>	OK
<input type="checkbox"/>	Unsatisfied
<input type="checkbox"/>	Very Unsatisfied

How did your event/program/activity go? Please attach additional pages if necessary.

FINANCIAL ACQUITTAL

Please detail what you spent the Community Grant Program funding on.
 Please highlight any variations between the approved budget and your acquittal.

PROJECT EXPENSES (2009/2010)	
ITEM	AMOUNT
Service providers/salaries	
Equipment/materials	
Program or production costs	
Documentation and promotion	
Administration	
Insurance costs	
Other – please describe	

COMPLETED APPLICATIONS MAY BE SUBMITTED BY:

Post: Community Services Officer Darwin City Council Community Grants Program GPO Box 84 DARWIN NT 0801		Hand Delivery: Community Services Officer Darwin City Council Civic Centre 17 Harry Chan Avenue DARWIN NT 0800	
Fax:	(08) 8930 0644	Email:	communitygrants@darwin.nt.gov.au