**Office Use Only**

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

# Community Gardens Grant Program - 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 Community Garden Grant Program funding 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.

| 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: | Click here to enter text. |

## 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 If possible, please provide a photo taken of your garden/intended garden location at the start of the grant period (Photo 1) and a photo taken of your garden at the end/during the grant period (Photo 2).**

Photo 1: insert here/ [ ]  attach to report

 Photo 2: insert here/ [ ]  attach to report

**3.2 How many members/regular participants used the garden during the grant period? An estimate is sufficient.**

Click here to enter text.

**3.3 Did the grant help you to increase the number of participants?**

Yes. [ ]  No. [ ]

**3.4 How many people used the garden in ways other than gardening, such as events or workshops held at the garden during the grant period? An estimate is sufficient.**

Click here to enter text.

**3.5 Did the grant help you to increase the number of people using the garden in other ways?**

Yes. [ ]  No. [ ]

**3.6 How many volunteers were involved in the following (an estimate is sufficient)**

|  |  |
| --- | --- |
| **Activity** | **Number of volunteers (including partner organisations)** |
| **Planning and management of the garden/project** | Click here to enter text. |
| **Delivering training or mentoring other garden users** | Click here to enter text. |
| **Orgnaising and delivering events/activities in the garden** | Click here to enter text. |

**3.7 Did the grant help you to attract new volunteers?**

Yes. [ ]  No. [ ]

**3.8 Please list the community organisations and agencies that you partnered with to deliver the grant project**

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

**3.9 Please describe the most significant change for the community as a result of the grant**

Click here to enter text.

**3.10 Please outline any successes you experienced in the delivery of your grant project**

Click here to enter text.

**3.11 Please outline any challenges you faced in the delivery of your grant project**

Click here to enter text.

**3.12 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.

**3.13 Are there any comments you would like to make about the grant program or the grant application process?**

Click here to enter text.

## Section Four - Financial Reporting

|  |  |  |
| --- | --- | --- |
|  | **BUDGET ($)** | **ACTUAL ($)** |
| **INCOME** |  |  |
| Community Garden 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 and identify it as in-kind | 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 and identify it as in-kind | 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.**