



Shoalhaven City Council

Community Grants Program

File Ref No. 35860E

Evaluation and Financial Acquittal Form

This document to be returned completed by 30 June of each year

Name of Organisation:	
Project Title:	
Contact Person for this Project:	
Telephone number of the contact person:	
Email address:	
Outcome of the Project (including no. of participants):	

(Additional information may be attached)

Expenditure of Grant Funds	
Sources of Expenditure	\$
Promotion and Publicity	
Hire Fees	
Equipment and Materials	
Other (Please specify)	
Total of Expenditure:	
Allocated Grant:	

On behalf of the above organisation, and to the best of my knowledge, all the information contained in this statement is true and correct.

Signature:.....

Position in Organisation:

Date: