

Community Development Grants Program Acquittal

APPLICANT DETAILS	Date of application:
Name of organisation:	
Contact person for organisation:	
Position held by contact person:	
Postal address:	
Suburb:	Postcode:
Telephone:	Mobile:
Email:	

CDGP Grant amount: \$	Date received:
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Name of Project:								
Date Project commenced:								
Project type: (please tick all that apply) <table style="width: 100%; margin-top: 10px;"> <tr> <td>Health and wellbeing</td> <td>Environment</td> <td>Volunteer support</td> <td>Equipment</td> </tr> <tr> <td>Arts and culture</td> <td>Community education</td> <td>Recreation and sport</td> <td>Safety</td> </tr> </table>	Health and wellbeing	Environment	Volunteer support	Equipment	Arts and culture	Community education	Recreation and sport	Safety
Health and wellbeing	Environment	Volunteer support	Equipment					
Arts and culture	Community education	Recreation and sport	Safety					
Summary of project outcomes: (Who benefited from this project?)								

Project income and expenditure		Total cost of this project \$
What was the total income received for this project? \$		
Did your organisation receive financial assistance (e.g. grants or sponsorship or donations) from other bodies for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please complete the following table:		
Funding Body	Amount	
Please provide details of how the grant was spent on the project: (Attach separate sheet if required and copies of invoices/receipts)		
Item	Amount	
List details of any in-kind support for the project: (e.g. Volunteer hours, equipment loan, venues offered at no cost, etc)		

APPLICANT DECLARATION

I (print name) _____, on
behalf of (organisation) _____

declare that this CDGP acquittal form has been completed accurately and all information given is true and correct and that no pertinent information has been omitted or withheld.

Signed _____ Date _____

I consent to project photos being included in Council's annual report. ☐ YES ☐ NO

Return your completed CDGP acquittal to Light Regional Council:

Via email: light@light.sa.gov.au

Via post: PO Box 72, KAPUNDA SA 5373

In person: to 93 Main St. Kapunda or 12 Hanson St Freeling.

