

SHIRE OF DERBY WEST KIMBERLEY

FUNDING AQUITTAL

1. Applicant's Detail

Name of organisation:	
Name of Applicant (Position):	
Title and name of Chairperson/Chief Officer:	
Postal Address:	
Telephone/Mobile:	Facsimile:
Email:	Website:
Amount of Grant Money Received \$	Date:

2. Declaration:

I declare that the grant of \$_____ provided by the Shire of Derby / West Kimberley has been spent in accordance with the purpose and conditions for which it was granted and that the financial statement is a true and accurate record of the transactions for this project / event.

Please outline (in detail) how the Community Grant was spent

Expenditure Items	\$
TOTAL	
Surplus / Deficit (unused funds) Any unused Community Grant funds should be returned with this acquittal report.	

Please outline the Project outcomes or key achievements of this project / event.

Please provide a brief description of how the Shire of Derby/West Kimberley grant contribution was recognised and promoted

Please attach copies of any media releases, documentation produced, news articles, reports, statistics or photographs in support of the project/event.

Signed _____
(Authorised Signatory Only)

Name _____

Date _____

Position _____

Please return this to the Manager Community Development at mcd@sdwk.wa.gov.au or post to

Shire of Derby/West Kimberley, PO Box 94, DERBY WA 6728