1. **PROJECT DETAILS:**

|  |  |
| --- | --- |
| Program |  |
| Project Name: | insert project/grant name |
| Organisation Name: | insert recipient name *(and auspice if appropriate)* |
| Report Date: | insert date of this report |

1. **CONTACT DETAILS FOR PROJECT MANAGER**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Telephone: |  |
| Email: |  |

1. **ACTIVITY AGREED ACTIONS**

|  |  |
| --- | --- |
| Please attach evidence of project completion as agreed in  *Activity Deliverables and Payments Table* (Item 3) ofyour Funding Agreement with the Latrobe Valley Authority | Attachments provided |

1. **FINANCIAL ACQUITTAL**

Please provide a Statement of Income and Expenditure disclosing all sources of income and costs relating to the project, including the amount of in-kind as approved in your funding agreement. The actual project in-kind must be detailed in Section 5 of this form.

|  |  |  |
| --- | --- | --- |
| Activity income | Original Budget (without GST)  $ | Actual  (without GST)  $ |
| Funds from the Authority received to date |  |  |
| Funds from the Authority being claimed with this report |  |  |
| Funds from Your organisation |  |  |
| Commonwealth Grants |  |  |
| Victorian Government Grants |  |  |
| Local Government Grants |  |  |
| Other Contributions |  |  |
| Other Grants (please specify) |  |  |
| Other funds (insert new lines as required) |  |  |
| Approved In-Kind |  |  |
| **Total Activity Income** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Expenditure | Original Budget (without GST)  $ | Actual  (without GST)  $ | |
| Insert budget lines as per Funding Agreement |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Approved In-kind |  |  |
| **Total Activity Expenditure** |  |  |
| **Total Activity Income less Total Activity Expenditure** *(should equal $0)* |  |  |

1. **TOTAL PROJECT IN-KIND SUPPORT**

If you identified In-Kind contributions within the original project budget you must include the details in the table below.

Please explain the nature of the goods and services provided, who provided them, and how you have calculated the value. Refer to the voluntary labour and in-kind information provided by the Latrobe Valley Authority Community and Facility Fund Guidelines.

*Please note: The sum of the table below may differ with the approved In-Kind contributions shown in Table 4 above.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goods/service provided** | **Organisation/Supplier** | **Number of Hours** | **Rate per hour** | **Total Value**  **$** |
| *e.g. Venue hire for 4 community meetings/events* | *Council name* |  |  |  |
| *e.g. Labour to paint the community room* | *Committee of management* |  |  |  |
| *e.g. Donated mulch for landscaping 25 bags @ $10 each* | *Name garden supplies* |  |  |  |
|  | **Total** |  |  |  |

1. **ACHIEVEMENTS**

|  |  |  |
| --- | --- | --- |
| Community Participation outcomes | How many volunteers were involved in decision making / governance for the project? |  |
| How many volunteers participated in the delivery of the project?  *(e.g. number of people that assisted with, for example, painting or set-up)* |  |
| How many people directly benefited from the project?  *(e.g. participated in a training program, received mentoring as part of a project, attended an event)* |  |
| Comments: (e.g. description of participation) |  |
| Employment outcomes  (If relevant)  *Job numbers should reflect Full Time Equivalent positions.* | How many people were employed during the project period? |  |
| How many new jobs that were created on the project will be retained on an ongoing basis? |  |
| How many existing jobs were retained due to this project? |  |
| Comments: (e.g. description of job types) |  |
| Infrastructure outcomes  *Building area size should be provided in square metres.* | How many groups used the facility prior to the project? (Please list below) |  |
| How many groups are using the facility now as a result of the project? |  |
| What is the size (m2) of the building/s that are the subject of the project? |  |
| What is the size (m2) of the change to the building/s area resulting from this project? |  |
| Comments: (e.g. list of user groups, frequency and type of facility use) |  |

|  |
| --- |
| **Project Outputs**  Please describe what the project specifically achieved |
|  |

|  |
| --- |
| **Project Outcomes**  Please describe the broader outcomes arising from the project including unanticipated outcomes |
|  |

1. **SUCCESS FACTORS AND LEARNING**

|  |
| --- |
| Please describe the key factor/s that contributed to the success of the project: |
|  |

|  |
| --- |
| Please describe the biggest challenges and learnings from the project: |
|  |

1. **DECLARATION AND CERTIFICATION**

I, <Insert name of authorised person>, hereby certify that:

1. the information contained in this report is a true and accurate reflection of the completed Activity;
2. all Funding received was spent for the purposes of the Activity and in accordance with the Activity Schedule, and that We have complied with the Agreement;
3. salaries and allowances paid to persons involved in the Activity were in accordance with any applicable award or agreement in force under any relevant law on industrial or workplace relations;
4. the financial information is presented in accordance with the financial Reporting requirements You notified to Us, and is true and accurate to the best of my knowledge;
5. the value attributed to items attributed as ‘in kind’ support for the Activity has been assessed by Us as being a true and fair indication of their monetary value, and that these items were of direct and practical application to the Activity;
6. where an Asset has been created or acquired with the Funds, the Terms and Conditions in the Agreement between the Latrobe Valley Authority and this Organisation have been complied with in respect to the Asset; and
7. at the time the Report or financial statement is provided, We are able to pay all Our debts as and when they fall due and We have sufficient resources to discharge all Our debts at the end of the current Financial Year.

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Position\* | ***CEO or authorised representative to sign*** |
| Date |  |
| Telephone |  |