

COOLALINGA & DISTRICTS COMMUNITY BANK® BRANCH SPONSORSHIP / GRANT ACQUITTAL REPORT

NAME OF ORGANISATION:

PROJECT/PROGRAM TITLE:

AMOUNT GRANTED \$..... RECEIVED/..... (month/year)

AMOUNT EXPENDED \$..... (PLEASE PROVIDE COPIES OF INVOICES)

ORGANISATIONS CONTRIBUTION \$.....

If the amount granted is not fully expended, please provide further details

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PROGRAM AREA (indicate under which category of support your program/project was grouped)

- | | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> FAMILY SERVICES | <input type="checkbox"/> CHILDREN/YOUTH | <input type="checkbox"/> AGED CARE | <input type="checkbox"/> BUSINESS |
| <input type="checkbox"/> SPORT | <input type="checkbox"/> HEALTH | <input type="checkbox"/> EDUCATION | <input type="checkbox"/> EVENT |
| <input type="checkbox"/> CULTURAL / ARTS | <input type="checkbox"/> ENVIRONMENT | <input type="checkbox"/> COMMUNITY INFRASTRUCTURE | |

PRIMARY AIMS OF THE PROJECT/PROGRAM (What did you set out to achieve in designing the project/program and did your primary aims change?)

1.
2.
3.

SIGNIFICANT ACHIEVEMENTS OR OUTCOMES RESULTING FROM THE PROJECT/PROGRAM
(How has our grant made a difference?)

1.
2.
3.

KEY STATISTICS & RESULTS (e.g. how many people benefitted/participated in the project, where was the project conducted, demographics of beneficiaries, etc.)

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OTHER SUPPORT (If Coolalinga & Districts Community Bank® was not the sole funding source, who else contributed to the Project/Program? - include financial and non-financial (in-kind) support)

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GRANT ACKNOWLEDGEMENT REPORT

Please provide brief details of action taken by your organisation to publicly acknowledge the Sponsorship/Grant.

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Please supply copies or extracts of any public documents containing an acknowledgement of the Sponsorship/Grant.

- Promotional materials
- Newspaper advertisements
- Posters, Notices
- Other (Please specify) _____

LESSONS LEARNED (Has the project/program been evaluated, if so by who and have the results been shared with any other 'like-service' organisations? Please provide more details.)

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CERTIFICATION BY AUTHORISED OFFICER

I (name) in my capacity as CEO/CFO (please circle) declare that this Report is a true and fair representation of the outcomes resulting from the expenditure of the Coolalinga & Districts Community Bank® Branch sponsorship/grant on the project/program herein described.

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Signature Dated

COOLALINGA & DISTRICTS COMMUNITY BANK® BRANCH OFFICE USE ONLY

Date received at CDCB office
Entered on MDF by _____ on _____ (date) Request ID _____
Further information required, outcomes of discussions, researcher's comments, details of follow-up action undertaken, etc.

