



## Community Support Grant

### Acquittal Report

#### GRANT ACQUITTAL REPORT

Grant Acquittal Date:	Insert Date
Applicant Organisation:	Insert Name
Sponsor Organisation: (if applicable)	Insert Name
Postal Address:	Insert Address
Approved Fellowship Grant Amount	Insert Value
Purpose:	Insert Purpose

#### YOUR ORGANISATION'S OBLIGATIONS

Every Grant Recipient is required to provide a *Grant Acquittal Report* which demonstrates that the organisation has met all obligations in respect of discharging the grant funding in accordance with the Terms and Conditions of Approval. The *Grant Acquittal Report* must be returned to Healthy Living NT Fellowship Secretariat by the Acquittal Due Date shown above or as otherwise agreed in writing.

Failure to complete all requirements in accordance with the agreed Terms and Conditions of Approval may result in a demand for repayment of the grant funding and will render the responsible organisation ineligible for consideration for any further grants funding from the Bill Raby Diabetes Fellowship

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#### COMPLETING THE GRANT ACQUITTAL REPORT

The Grant Acquittal Report consists of three Sections:

##### 1) Grant Financial Report

The Grant Financial Report sets out details of the income and expenditure items associated with the funded project. The report also includes details of individual expenditure items for all payments which must be supported by copies of expenditure receipts or other acceptable proof of payment.

Financial information may be provided on an unaudited basis.

##### 2) Grant Activity Report

Please provide a summary of your project or activity, evaluation of your successes and challenges, along with photos of the work you've done and the outcomes. We want to hear about what didn't work as planned, what you would do differently and have learned from doing the Project, as much as your immediate successes. Details of any public acknowledgments undertaken in respect of the Fellowship grant funding received are to be provided.

##### 3) Grant Certification

Certification that all obligations have been met in accordance with the Terms and Conditions of Approval is required.

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**SECTION 1-GRANT FINANCIAL REPORT**

Statements of Income and Expenditure must be completed, which discloses all sources of funding relating to the project, and shows how that funding was spent. Show only the specific Income and Expenditure items applicable to your project. The statements also enable the organisation to determine the net surplus or deficit in relation to the project and the amount of any grant funding refund, if applicable.

**1. Statement of Income**

Income	Amount (GST Inc)
Approved Fellowship Grant Funding Amount (A)	\$
Organisation's contribution	\$
Grants/financial support from other sources	\$
<b>Total Income</b>	<b>\$</b>

**2. Statement of Expenditure**

List details of individual payments for the project. Please attach original or copies of payment receipts or other acceptable proof of payment. Please attach list if space insufficient.

Payment Date	Item	Paid To	Amount
			\$
			\$
			\$
			\$
		<b>Total (B)</b>	<b>\$</b>

**3. Grant Funding Surplus Refund**

If at the completion of your grant unexpended funds remain to the value of less than \$100, no refund is required. If there are unexpended funds of greater than \$100, they must be repaid to the Bill Raby Diabetes Fellowship.

Fellowship GRANT (A)	\$
Deduct-Total expenditure (B)	\$
<b>Total</b>	<b>\$</b>

*Refunds can be made by Cheque payable to Healthy Living NT. Grants acquittals will remain incomplete until all money subject to the refund policy is received.*

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**SECTION 2 - GRANT FUNDING ACTIVITY REPORT**

Please provide brief description of your project and its outcomes, and how it benefited your target community.  
(Please attach any photos of the work you've done.)

**What has been successful in the project?**

**What have been some of the major challenges?**

**What didn't work as planned and you would do differently in the future?**

**Please provide brief details of action taken by your organisation to publicly acknowledge the grant funding.**

Please supply copies or extracts of any project documents containing an acknowledgment of the grant funding:

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

Please tick as applicable.

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**SECTION 3 - GRANT FUNDING CERTIFICATION**

This certification must be completed by the Accountable Officer, Public Officer, President, Chairperson or other Officer.

***Certification by Authorised Officer***

I hereby certify that the grant funding has been used for the purpose(s) for which it was provided in accordance with the Funding Agreement.

Signed: \_\_\_\_\_ Date: ...../...../.....

Name: \_\_\_\_\_ Position in  
Organisation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**COMPLETED GRANT ACQUITTAL REPORTS MAY BE SUBMITTED BY:****Post:**

The Bill Raby Diabetes Fellowship  
Chief Executive Officer  
Healthy Living NT  
PO Box 40113  
CASUARINA NT 0811

**Hand Delivery:**

The Bill Raby Diabetes Fellowship  
Chief Executive Officer  
Healthy Living NT  
Shop 2, Tiwi Place (Tiwi Shopping Centre)  
TIWI NT 0810

**Fax:** (08) 8927 8515

**Email:** [ceo@healthylivingnt.org.au](mailto:ceo@healthylivingnt.org.au)