



Coorow Administration Centre
22-26 Main Street, Coorow WA 6515
E: admin@coorow.wa.gov.au

Leeman Administration Centre
20 Morcombe Road, Leeman WA 6514
P: (08) 9952 0100

Acquittal Form

Section A: APPLICANTS DETAILS

Organisation Name:			
Is your organisation not- for-profit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your organisation incorporated? (Please attach your Certificate of Incorporation)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Public Liability Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Section B: CONTACT DETAILS

Name of Applicant:			
Position:			
Address:	Suburb:	Postcode:	
Postal Address:	Suburb:	Postcode:	
Mobile Number:	Work:		
Email Address:			
Website:			

Section C: AUSPICING ORGANISATION DETAILS (Provide if your corporation is not incorporated.)

Organisation name:			
Contact Name:			
Position:			
Address:	Suburb:	Postcode:	
Postal Address:	Suburb:	Postcode:	
Mobile Number:	Work:		
Email Address:			
Website:			

***Please attach a copy of Certificate of Incorporation for the Auspicing agency.**

SHIRE OF COOROW

COMMUNITY GRANT PROGRAM 2022/2023



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Section F: FINANCIAL REPORTING

All costs should be itemised in the space provided below. Please provide copies of all invoices/receipts received as proof of expenditure. **INCLUDE GST** in the costing.

Total Project / Activities Cost	\$
Amount received from Council	\$
Please describe when there is In-kind support contribution from Council	

INCOME (grants, contribution etc.)	BUDGET (\$)	ACTUAL (\$)
Shire of Coorow Community Grants		
TOTAL INCOME		
EXPENDITURE (advertisement, equipment, venue hire, catering etc)		
TOTAL EXPENDITURE		
SURPLUS / DEFICIT		
Total Income – Total Expenditure		

Section G: PROMOTION

What acknowledgement did the Shire of Coorow receive as a result of this grant?

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Section H: DECLARATION

I hereby declare that the information supplied on behalf of the named organisation is correct. I consent to the Shire of Coorow collecting the personal contact details provided in this application. We acknowledge your right to have access to our personal information, in accordance with the Privacy Act 2000. I also declare that the Shire of Coorow Community Grants Program funding provided by the Shire of Coorow has been spent in accordance with the purpose and conditions for which it was granted and that the financial statements are a true and fair record of the transactions for this project.

Name:

Position in Organisation/Group:

Name of Organisation/Group:

Signature:

Date:

Section I: CHECKLIST

▪ Invoice from the group/organisation attached	<input type="checkbox"/>
▪ Supporting documents attached (i.e. feedback, photos, all receipts, marketing material, and any other supporting documentation)	<input type="checkbox"/>

Due Date	Close of Business, Friday 30th June 2023
Submit Applications to:	Chief Executive Officer Shire of Coorow PO Box 42 COOROW WA 6515 or, ceo@coorow.wa.gov.au
For more information contact:	Ayu Orma on 9952 0100 or cdo@coorow.wa.gov.au

SHIRE OF COOROW CHECKLIST *(Office use only)*

Task	Date	File	Officer	Initial
Application received				
Application – written acknowledgement				
Application evaluated				
Application presented to Council				
Applicant notified of outcome				
Project/activity undertaken				
Project/activity promoted				
Invoice and supporting evidence of payment submitted by Applicant				
Invoice paid to Applicant				