

CITY OF ROCKINGHAM

Community Grants Program Acquittal and Evaluation Report



EVALUATION

This acquittal and evaluation report applies to a grant received from the City of Rockingham in the following area (if unsure please refer to your grant approval letter):

General Grant

Major Grant
Please state round/year:

Major Event Sponsorship
Please state round/year:

City of Rockingham CGP Grant amount awarded:

\$

This acquittal is due 30 days following the event or 30 days following the completion of the program or project. Alternatively the due date for this acquittal can be found in your grant approval letter. Failure to return the acquittal by the due date will result in ineligibility for future funding.

Organisation

Organisation Name:

Postal Address

Address:

Suburb/Town/City:

State:

Postcode:

Contact

Contact Person's Name:

Contact Person's Position:

Phone Number - Organisation:

- Contact Person's Direct Line:

- Mobile:

Email - Organisation:

- Contact Person's Direct Email:

Event

Name of Funded Program or Event:

Dates held:

Participant and Audience Success

1 State the **total** number of people that attended the funded program or event _____. From this **total** number, please **estimate** the numbers of people in each category (*refer to back page for descriptions):

	Children <12	Young People 12 - 24 years	Adults	Seniors 60+	CALD*	Aboriginal*	Disability*
Participants							
Attendees							
Volunteers							

Marketing and Promotion

Please attach copies of all promotional materials illustrating acknowledgement of City with this evaluation (e.g. media articles, adverts, flyers, posters, invitations).

2 Program or event promotion - Do you think the promotion was enough to draw sufficient participants?

Not Enough

Could have promoted a lot more

Missed promotion via:

Moderately Enough

Successfully promoted

Too successful (waiting lists/turned people away)

Success of the Program or Event

3 State the short term community benefits that the program or event achieved:

4 Were there any other notable outcomes or achievements from the program or event that weren't anticipated before holding the program or event? Please state:

5 List partnerships. State what their role was and if the outcome of the partnership was successful (e.g. would your organisation partner with them for future programs or events?)

List partnerships <i>(e.g. local businesses, service organisations, local not-for-profits)</i>	State what their role was <i>(in the lead up to the event or program or on the day of the event or program)</i>	Outcome <i>(Successful - would use them again. Unsuccessful - wouldn't use them again)</i>

6 Will your organisation run the program or event again?

Yes:

Is there capacity for the event to grow? Please state in what areas:

No

Please explain why not:

7 Please document any reportable incidents or accidents that may have taken place during your event, how they were dealt with and how you would address them in future events?

Budget

Expenditure

Purchases	Amount
Total Expenditure	

Income

Source	Amount
City of Rockingham Community Grants Program - Awarded Grant	\$
Total Income	

TOTAL PROFIT or LOSS OF PROGRAM or EVENT	
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Notes: For the purposes of this acquittal, please provide copies of receipts up to the total amount of the City’s awarded grant (funded expenditure items) only.

Agreement

I/We certify that this is a true and accurate record of the evaluation of funding provided by the City of Rockingham Community Grants Program.

Name

Position

Signed

Date

Name

Position

Signed

Date

Send your Acquittal and Evaluation Report to:

or Email to:

.....
Community Capacity Building
City of Rockingham
PO Box 2142
ROCKINGHAM DC WA 6967

customer@rockingham.wa.gov.au

***CALD** - refers to people from Culturally and Linguistically Diverse backgrounds.

***Aboriginal** - the term Aboriginal within this document refers to both Aboriginal and Torres Strait Islanders.

***Disability** - refers to people who have a continuing condition that restricts everyday activities.