



# SOUTH MELBOURNE COMMUNITY CHEST INC.

## Community Grant Acquittal Form – 2023 Funding round

Please complete and return to South Melbourne Community Chest Inc within 30 business days after your project completion.

**Post:**

South Melbourne Community Chest  
 200 Bank Street  
 South Melbourne VIC 3205

**Email:** grants@southmelbournecommunitychest.org.au

Name of Organisation:			
Title of Project			
Name of Recipient Contact			
Recipient Contact Phone Number			
Recipient email address			
Grant Awarded (excl. GST):	\$	Amount Used (excl GST):	\$
Project Completion Date			

**SMCC Use Only**

Project Completed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Returned Funding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$	
Financial statements reviewed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Remaining	
Permission to use balance on related activity sought by recipient	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Date entered						

**Grant Funding**

How has the funding been used? Please briefly describe the significant outcome and achievements of the project.

How did the project benefit your organisation and the Port Phillip community? Include the number of people who benefitted who live in the City of Port Phillip.

## Acknowledgements, Publications and Publicity

How was the support of the South Melbourne Community Chest acknowledged? Please feel free to attach any additional information you would like to share including photos, promotional material, etc.

Please provide contact details of someone who participated in the project and would be happy to talk to us about the impact of the project or someone from your organisation who had direct contact with participants/recipients.

Name	
Contact number	
Email address	

## Additional Comments or Information

**Budget**

Please list the major items/services purchased with the grant money.

Item / Service	Amount \$
Total Amount Spent	\$

**Supporting Documentation**

Please provide photos, links to websites etc, where possible.

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### Accountability Statement

Please:

- a) Sign the following declaration in relation to expenditure of the funds.
- b) If more than 20% of the grant funds remain please inform the grant administrator and you will be advised of the process.

### Declaration

I am authorised to make this Declaration on behalf of this organisation and do so after making diligent inquiry and on the basis of my own knowledge.

This organisation received \$\_\_\_\_\_ (insert total amount of funding excluding GST), described in the Funding notification.

This organisation has spent the funding in accordance with the Grant Conditions.

If requested, the contact person from this organisation has returned to SMCC any funding unspent or misspent for the purpose.



I declare that the information contained in this Declaration is witnessed true and correct.

Full name	
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Signature and Date	
Title/Position within organisation	

#### Attachments

These could be:

-  Photographs and copies of publicity
-  Any other supporting documentation.

For any questions or queries regarding the Final Report, please contact us via  
Email: [grants@southmelbournecommunitychest.org.au](mailto:grants@southmelbournecommunitychest.org.au)