

## **Specific Project Grant Acquittal Report**

NAME OF ORGANISATION		
IBN AND FILE ID		
TOTAL FUNDING AMOUNT		

## **Acquittal of your grant**

Your Acquittal Report is essential to the development work of the NSW Community Languages Schools Program and also enables the NSW Department of Education to fulfil its obligations of accountability to the New South Wales Government.

The information you provide helps us evaluate the achievements of funded activities and monitor the effectiveness of the funding programs.

It is a condition of your funding agreement that you provide the NSW Department of Education with an acquittal report.

If you do not provide this report, or do not complete it satisfactorily, you may not be eligible to apply for further funding from the NSW Department of Education.

## Statement of Income and Expenditure

The Statement of Income and Expenditure should be completed and signed by an Office Bearer of your organisation, e.g. the Chairperson, Public Officer, Secretary, Treasurer.

It is also a requirement that the Statement be signed by a second Officer Bearer of your organisation.

Please return this acquittal report by uploading the completed form to the Community Languages Schools Program Portal.

Copies of the material produced as a result of this Project and enquiries about this Acquittal Report can be directed to <a href="mailto:commlang@det.nsw.edu.au">commlang@det.nsw.edu.au</a>.

Project summary		
Please provide a summary of the pro- each of the following points separate		ken. Your summary should address
Details about the project supporte	d by this grant. Provide a brief descr	ription of the project undertaken.
What has been the impact of the p your own professional development,	•	
What were the successes and chall the achievements of the project. Con	• • • • • • • • • • • • • • • • • • • •	• •
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the achievements of the project. Con	g, you may be required to provide do loped or produced. If this is the case	cumentary evidence for your project
Support material  As a part of your conditions of fundin such as a copy of the resource deve	g, you may be required to provide do loped or produced. If this is the case your Funding Agreement.	cumentary evidence for your project, this will have been identified in the
Support material  As a part of your conditions of fundin such as a copy of the resource deve Conditions section of the Schedule to Please list below any materials/resource.	g, you may be required to provide do loped or produced. If this is the case your Funding Agreement.	cumentary evidence for your project, this will have been identified in the
Support material  As a part of your conditions of fundin such as a copy of the resource deve Conditions section of the Schedule to Please list below any materials/resource pyright holders of any documentations.	g, you may be required to provide do loped or produced. If this is the case your Funding Agreement.  Irces you have provided with your regon you have provided with this report	cumentary evidence for your project, this will have been identified in the

Statement of income and expenditure			
NAME OF ORGANISATION			
IBN AND FILE ID			
INCOME  SDC AMOUNT REQUESTED	\$		
SPG AMOUNT REQUESTED  OTHER CRANTS			
OTHER GRANTS OTHER INCOME			
OWN CONTRIBUTIONS			
OTHER CONTRIBUTIONS			
SPONSORSHIPS			
DONATIONS			
FUNDRAISING			
OTHER - GIVE DETAILS			
TOTAL INCOME			
EXPENDITURE*	s		
WAGES			
ALLOWANCES – TRAVEL EXPENSES, REIMBURSEMENTS			
ADMINISTRATION			
MATERIALS / RESOURCES / PRINTING			
EXTERNAL FEES – PEOPLE OUTSIDE YOUR ORGANISATION INDEPENDENT CONTRACTORS – F.G., II I LISTRATORS, WER DEVELOPERS / TRANSLATOR	S / PROOF-READERS		
INDEPENDENT CONTRACTORS – E.G., ILLUSTRATORS, WEB DEVELOPERS / TRANSLATORS / PROOF-READERS  CONFERENCE / WORKSHOP VENUE/ WORKSHOP EQUIPMENT HIRE			
ADVERTISING			
OTHER – GIVE DETAILS			
TOTAL EXPENDITURE			
SURPLUS/DEFICIT SURPLUS/DEFICIT			
* Suggested items of expenditure only.			
Certification			
I certify that the grant received from the NSW Departmenterms and Conditions of the Funding Agreement. To the and Expenditure is accurate and fair.			
I am aware that if information I have given is false or mi or part of the funding provided under this grant, and/or			
<ul> <li>Copies of the material produced as a result of</li> <li>Copies of the material produced as a result of before the due date.</li> </ul>	this Project <b>have been</b> provided to the Program. this Project <b>will be</b> provided to the Program on or		
SIGNATURE OF OFFICER BEARER	SIGNATURE OF SECOND OFFICER BEARER		
PRINT NAME	PRINT NAME		
TITLE/POSITION	TITLE/POSITION		
DATE	DATE		

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