

# Specific Project Grant Acquittal Report

NAME OF ORGANISATION

IBN AND FILE ID

TOTAL FUNDING AMOUNT

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## 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.*

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## 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 [commlang@det.nsw.edu.au](mailto:commlang@det.nsw.edu.au).

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**Project summary**

Please provide a summary of the project or details of the activities undertaken. Your summary should address each of the following points separately:

**Details about the project supported by this grant.** *Provide a brief description of the project undertaken.*

**What has been the impact of the project?** *Make reference to the benefits of the project for your community, your own professional development, your organisation or combination of these.*

**What were the successes and challenges of the project?** *Your response should be a realistic appraisal of the achievements of the project. Compare them to the goals you set out to achieve in your application.*

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**Support material**

As a part of your conditions of funding, you may be required to provide documentary evidence for your project such as a copy of the resource developed or produced. If this is the case, this will have been identified in the Conditions section of the Schedule to your Funding Agreement.

Please list below any materials/resources you have provided with your report. Please also list details of the copyright holders of any documentation you have provided with this report.

ITEM	COPYRIGHT HOLDER	CONTACT DETAILS

## Statement of income and expenditure

NAME OF ORGANISATION

IBN AND FILE ID

INCOME	\$
SPG AMOUNT APPROVED	
OTHER GRANTS	
OTHER INCOME	
OWN CONTRIBUTIONS	
OTHER CONTRIBUTIONS	
SPONSORSHIPS	
DONATIONS	
FUNDRAISING	
OTHER – GIVE DETAILS	
<b>TOTAL INCOME</b>	

EXPENDITURE*	\$
WAGES	
ALLOWANCES – TRAVEL EXPENSES, REIMBURSEMENTS	
ADMINISTRATION	
MATERIALS / RESOURCES / PRINTING	
EXTERNAL FEES – PEOPLE OUTSIDE YOUR ORGANISATION INDEPENDENT CONTRACTORS – E.G., ILLUSTRATORS, WEB DEVELOPERS / TRANSLATORS / PROOF-READERS	
CONFERENCE / WORKSHOP VENUE/ WORKSHOP EQUIPMENT HIRE	
ADVERTISING	
OTHER – GIVE DETAILS	
<b>TOTAL EXPENDITURE</b>	
SURPLUS/DEFICIT	

\* Suggested items of expenditure only.

### Certification

I certify that the grant received from the NSW Department of Education has been expended in accordance with the Terms and Conditions of the Funding Agreement. To the best of my knowledge and belief the Statement of Income and Expenditure is accurate and fair.

I am aware that if information I have given is false or misleading the department may ask to pay back all or part of the funding provided under this grant, and/or it may stop any future payments.

- Copies of the material produced as a result of this Project **have been** provided to the Program.
- Copies of the material produced as a result of this Project **will be** provided to the Program on or before the due date.

SIGNATURE OF OFFICER BEARER

SIGNATURE OF SECOND OFFICER BEARER

PRINT NAME

PRINT NAME

TITLE/POSITION

TITLE/POSITION

DATE

DATE

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