

Office of Gender Equity and Diversity General Grant Program

Acquittal Form

| A. Applicant Details | | | |
|--|-------------|--------|--------|
| Name of Organisation/Group: | | | |
| Name of Person Organising Project, Service or Event: | | | |
| Position Title: | | | |
| Contact Number: | | | |
| Email Address: | | | |
| Postal Address: | | | |
| B. Declaration | | | |
| <p>By submitting this acquittal form, you acknowledge that you are duly authorised to submit an acquittal on behalf of the organisation that received the grant.</p> <p>All acquittal forms must be signed by two office bearers of the organisation.</p> <p>Acquittal forms will only be accepted by email if they are signed and the signed copy is scanned.</p> | | | |
| <p><i>(To be completed by the person submitting this acquittal form)</i></p> <p>I declare that the information I have provided in this form is complete and correct and the organisation that I represent supports this acquittal.</p> | | | |
| 1 st Office Bearer: | | | |
| 2 nd Office Bearer: | | | |
| | (Signature) | (Name) | (Date) |

| C. Submission |
|--|
| <p>Please forward the completed acquittal form to the Office of Gender Equity and Diversity by any of the following means, ensuring the form is received by the Office of Gender Equity and Diversity within six weeks of the date the funded project, service or event occurred:</p> <p>Post: PO Box 37037, Winnellie NT 0820</p> <p>Email: TFHC.oged@nt.gov.au</p> <p>If you have any queries, please call the Office of Gender Equity and Diversity on (08) 8999 1985 or email between 8:00am and 4:00pm, Monday to Friday.</p> |

| D. Project, Service or Event Details | |
|---|--|
| Title of Project, Service or Event: | |
| Location of Project, Service or Event: | |
| Date/s of Project, Service or Event: | |
| <p>1. Provide a brief overview or description of the project, service or event. Were there any changes from your original grant application?</p> | |
| <p>2. Please identify which two actions from the Gender Equality Action Plan your project, service or event supported <u>and</u> explain how (if you require additional space please attach additional pages)</p> | |
| Action item number: | How was the action implemented/addressed in the project, service or event: |
| | |
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| | |

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|--|--|
| | |
| Total number of participants in the project, service or event: | |
| 3. Did the original target group(s) participate in the project, service or event? Which groups comprised the majority of the participants? <i>Please provide an approximate breakdown if possible.</i> | |
| | |
| 4. Who benefited most from the project, service or event? | |
| | |

E. Financial Details**5. Please detail what you spent the awarded grant funding on.***(Please note, any variations to your approved budget need to be pre-approved by the office)*

| Item | Income <i>Please provide details of all income generated by the project, service or event</i> | Expenditure <i>Please provide details of all expenditure related to the project, service or event</i> | Approved Grant Budget <i>Please provide details of the approved grant budget for the project, service or event</i> | Grant Expenditure <i>Please indicate the expenditure (GST exclusive) that was funded by the grant.</i> |
|---------------|--|--|---|--|
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| Total: | | | | |

6. Have you spent the funds according to your application form? If not, please provide reason.

F. Promotion and Evaluation

7. How did you acknowledge the support of the Northern Territory Government? What promotional material was produced and where was it distributed?
(please provide evidence of promotional material)

How did you acknowledge the Northern Territory Government?

What promotional material was produced and where was it distributed?

8. Did your Project, Service or Activity meet your objectives?

Yes

☐

No

☐

Details and evidence to support this.

9. What were the successes and challenges of the project, service or event? How did you evaluate the success?

10. What would you do differently if you had the opportunity?

11. Are you happy with the general grant experience that the Office of Gender Equity and Diversity provided and is there anything we could do better?

12. Do you have any additional comments?

G. Applicants Checklist

Please use this checklist to ensure you have included all necessary documentation and ensure to keep a copy of the entire acquittal report for your records.

- ☐ Completed each section of acquittal form with extensive detail
- ☐ Financial report in your own format attached (if required)
- ☐ Photos, receipts and any other supporting evidence attached
- ☐ Letter or email of unspent grant funds sent to TFHC.oged@nt.gov.au (if required)

H. Privacy

The Office of Gender Equity and Diversity in Territory Families, Housing and Communities is collecting the information on this form to evaluate your **project, service or event** under the Gender Equity and Diversity Grants Program. Some of the information and any supporting documentation you provide may be used for promotional and reporting purposes.

The personal information you provide is able to be accessed and corrected if necessary by you or your nominated representative by application or request to the office.