

**CALL**  
(08) 8256 0333

**POST**  
12 Bishopstone Road  
Davoren Park SA 5113

**EMAIL**  
playford@playford.sa.gov.au

**VISIT**  
Playford Civic Centre  
10 Playford Boulevard  
Elizabeth SA 5112

Stretton Centre  
307 Peachey Road  
Munno Para SA 5115



## CITY OF PLAYFORD COMMUNITY DEVELOPMENT GRANTS PROGRAM

# ACQUITTAL FORM

- Please read the [Playford Community Development Grant Program Guidelines](#) before completing this form
- Either complete on your computer, or fill the form out clearly in black or blue pen
- This is a legal document. It is your responsibility to ensure that all amounts and information are recorded on this form, and other related documents are accurate and can be justified
- All City of Playford Community Development Grants Program money not used for you project will need to be returned to Council with this report if you have not already done so
- All receipts or tax invoices relating to the City of Playford Community Development Grants Program money you spend on you project, event or activity must be attached to this report and marked off in your budget as being submitted
- Itemised budget must match original budget submitted in your application form. If budget does not match, then proof of approval from the City of Playford for any alterations to the approved project must be attached
- Contact the Grants Officer on 8256 0230 or [grants@playford.sa.gov.au](mailto:grants@playford.sa.gov.au) for more information on any of the Community Development Grants.

### GRANT RECIPIENT DETAILS

Community group or organisation name:	<input type="text"/>		
Address:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Email Address:	<input type="text"/>	Fax:	<input type="text"/>

## CONTACT DETAILS

### Liaison Officer

(This is the person who fills out the application form and who will be Council's contact in relation to all aspects of the application)

Name:	<input type="text"/>	Phone:	<input type="text"/>
Position:	<input type="text"/>	Mobile:	<input type="text"/>
Email Address:	<input type="text"/>	Other:	<input type="text"/>

## PROJECT SUMMARY

Please describe the main activities of your project or event	<input type="text"/>
Please list any variations from your original proposal	<input type="text"/>
Describe the outcome/s of your project, program or event and include any unexpected results	<input type="text"/>
How did the project, program or event benefit the community?	<input type="text"/>
Who participated (please include numbers)?	<input type="text"/>
What were the key learnings – what recommendations would you give to another organisation attempting a similar project?	<input type="text"/>
Please describe and <b>attach examples</b> of how you acknowledged the City of Playford's contribution to this project	<input type="text"/>



## DECLARATION BY APPLICANT ORGANISATION

**We, the persons making this application, declare that:**

1. The information contained in this acquittal is true and correct in every detail
2. We have been authorised by the applicant organisation to prepare and submit this acquittal
3. The acquittal form has been completed accurately , in accordance with the guidelines of the City of Playford Community Grants Project, and all supporting documentation is attached
4. Approval from the City Of Playford was sought for any alterations to the approved project
5. The grant monies have been expended within twelve months of receipt, unless negotiated otherwise with the City Of Playford
6. Any portion of the City Of Playford grant monies that were not expended on the project for which the grant was provided have been returned
7. The grant received from the City Of Playford was publicly acknowledged in any programmes, correspondence or promotion of the organisation and its services to members of the community

### **President / Chairperson / CEO / Director**

Name:

Position:

Signature:  Date:

### **Treasurer / Financial Officer**

Name:

Position:

Signature:  Date:

### **Senior Officer of Auspice Body (if applicable)**

Name:

Position:

Signature:  Date: