World Elder Abuse Awareness Day Regional Grants Program 2024

**Acquittal Form**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Completed and signed acquittal reports should be emailed, with any attachments, to [grants@nsclegal.org.au](mailto:grants@nsclegal.org.au) **by 31 July 2024.** **Section One – General Information**

**1.1 Grant Details**

|  |  |
| --- | --- |
| Name of project organisation/group: | Click here to enter text. |
| Grant amount | Click here to enter text. |

**1.2 Applicant’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal name of organisation: | Click here to enter text. | | |
| Trading name  (if applicable): | Click here to enter text. | | |
| Postal address: | Click here to enter text. | | |
| Suburb: | Click here to enter text. | Postcode: | Click here to enter text. |

**1.3 Contact Person – responsible for the daily co-ordination of the project**

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Position | Click here to enter text. |
| Telephone | Click here to enter text. |
| Email | Click here to enter text. |

## 

## **Section Two - Declaration**

I declare that the World Elder Abuse Awareness Day (WEAAD) Regional Grants Program Grant of $ Click here to enter text. (ex GST) provided by the Northern Suburbs Community Legal Centre in partnership with the Department of Communities has been spent in accordance with the purpose and conditions for which it was granted and that the financial statements are a true and fair record of the transactions for this project.

I agree that all documentation pertaining to the program, including copies of receipts, will be retained for a minimum of twelve months.

| Legally authorised officer name: |  |
| --- | --- |
| Legally authorised officer position: |  |
| Legally authorised officer telephone: |  |
| Legally authorised officer signature: |  |

## **Section Three – Project Evaluation**

Information about the activities undertaken through the WEAAD Regional Grants Program 2024 will provide valuable insight into how program helped to raise awareness of elder abuse and deliver WEAAD messages to regional areas of Western Australia.

Please read all of the questions before you start writing your responses. If you feel that you will need more space than that provided, please provide attachments.

**3.1 How did the event or activity acknowledge WEAAD, raise awareness of elder abuse and promote support available to older people?**

Click here to enter text.

**3.2 How were community members actively involved in the design, planning and implementation of the project?**

Click here to enter text.

* 1. **What steps were taken to identify and include seniors in the project who may be socially isolated, people with disability, from Aboriginal or culturally and linguistically diverse (CaLD) backgrounds?**

Click here to enter text.

**3.4 How many members of the community benefitted from the project?**

Click here to enter text.

**3.5 Which government, non-profit, and or business organisations were actively involved in the planning, delivery and/or evaluation of this project?**

|  |  |
| --- | --- |
| Organisation | Contribution to project |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**3.5 What feedback was received from the community in response to the project?**

Click here to enter text.

**3.6 Detail any challenges that were experienced during the implementation of this project**

Click here to enter text.

**3.7 What was the most significant change experienced within the community as a result of this project?**

Click here to enter text.

**3.8 Please list (and attach where possible) any acknowledgements of the Department of Communities and Northern Suburbs Community Legal Centre with regard to this project.**

Click here to enter text.

**3.9 Provide any additional feedback about the World Elder Abuse Awareness Day Regional Grants Program.**

Click here to enter text.

## **Section Four – Financial reporting**

|  |  |  |
| --- | --- | --- |
|  | **BUDGET ($)** | **ACTUAL ($)** |
| **INCOME** |  |  |
| World Elder Abuse Awareness Day Regional Grants Program | Click here to enter text. | Click here to enter text. |
| Other Grants | Click here to enter text. | Click here to enter text. |
| Other (include any in-kind support) | Click here to enter text. | Click here to enter text. |
| **TOTAL INCOME** | Click here to enter text. | Click here to enter text. |
| **EXPENDITURE** |  |  |
| E.g. Advertising | Click here to enter text. | Click here to enter text. |
| Facilitator fees | Click here to enter text. | Click here to enter text. |
| Equipment | Click here to enter text. | Click here to enter text. |
| Venue hire | Click here to enter text. | Click here to enter text. |
| Catering | Click here to enter text. | Click here to enter text. |
| Other (include any in-kind expenditure) | Click here to enter text. | Click here to enter text. |
| **TOTAL EXPENDITURE** | Click here to enter text. | Click here to enter text. |
| **SURPLUS\*/DEFICIT** | Click here to enter text. | Click here to enter text. |

**\*Unspent grant funds:**

Any unused grant funds are to be returned to Northern Suburbs Community Legal Centre. Please contact them at [grants@nsclegal.org.au](mailto:grants@nsclegal.org.au) or call (08) 9440 1663 to make these arrangements.

**Submitting this report:**

Completed and signed acquittal reports should be emailed, with any attachments, to [grants@nsclegal.org.au](mailto:grants@nsclegal.org.au) by **31 July 2024.**