# C:\Users\Breanna.doody\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\MKFJ63F1\CommCoord-logo_FINAL_2016.jpg

## **Community Planning**

## **SEED Funding Acquittal Report**

**SEED Funding Summary:**

Today’s Date:

Community Plan (Name and Dates):

Amount of SEED Funding received:

Date SEED Funding was received:

Name of Auspice Organisation (if relevant):

**Details of person completing this report:**

Name:

Address:

Daytime Telephone:

Email:

1. **PROJECTS DELIVERED WITH SEED FUNDING**

*Please describe the Community Plan projects that were implemented with the SEED Funding and the benefits these projects bought to the community.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Project Name | Date/s project was delivered | Project Description | Benefits to the Community |
| 1 |  |  |  |  |
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| 5 |  |  |  |  |
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1. **PROJECT BUDGET**

*Please complete the following project budget for the SEED Funding provided. Receipts for all expenses must be provided.*

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Project Name** | **Project Item expense description** | **Cost** |
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|  |  | **Total SEED Funding Expenditure** |  |

1. **PHOTOS OF PROJECTS**

*Please provide photos of projects. Photos may be of finished products or the community working on the project. Photos help communicate the great achievements created through Community Planning. Please insert photos below or attach to the report.*

1. **FEEDBACK**

*Council would appreciate any feedback you have in regards to Community Planning such as challenges experienced implementing these projects.*

1. **DECLARATION BY APPLICANT**

I declare that the above details are correct and I am signing on behalf of my local community to expend the Golden Plains Shire Council SEED Funding provided.

Signature: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions or concerns in regards to this form please contact Tyson Macilwain, Community Partnerships Officer on 5220 7220 or [tyson.macilwain@gplains.vic.gov.au](mailto:tyson.macilwain@gplains.vic.gov.au)