



ETHERIDGE SHIRE COUNCIL

...The Golden Heart of the Gulf

Etheridge Shire Council – Community Assistance Outcome Report

All funding recipients are required to complete and submit this outcome report to council within 4 weeks of their activity completion. Failure to submit an Outcome Report will result in being ineligible for future funding.

ACTIVITY INFORMATION

Activity/project name	
Applicant name	
Contact phone number	
Contact email	
Financial year funding approved	
ESC Community Assistance contribution	
Activity start date	
Activity completion date	
Location	
Tell us about your activity/event. (This may be used for the Inform Newsletter) Please add - Links to websites, images, video clips, critical reviews, awards/recognition or other information that demonstrates project outcomes. (If you plan to send images as separate attachments, please include no more than six.)	

ABN 57 665 238 857

Address all correspondence to:
The Chief Executive Officer
PO Box 12
GEORGETOWN QLD 4871

FRM-006 v1

Phone: (07) 4079 9090
Fax: (07) 4062 1285
Email: info@etheridge.qld.gov.au
41 St George Street, GEORGETOWN QLD 4871



FINANCIAL STATEMENT

Information collected is for administration purposes and will not be publicly released.

INCOME includes total Community Assistance funding and other financial contributions (do not include in-kind support)	TOTAL of each income item	EXPENDITURE	TOTAL COST of each expenditure item.	ESC components (must equal grant amount)
Earned income (eg: Ticket sales, Nominations, Bar sales. Food sales etc)		Salaries, fees and allowances		
		Project or Activity costs		
Sponsorship, Donations and Fundraising (eg. Raffles)				
Sponsorship				
Fundraising				
Donations				
Other				
Other grants		Promotion & Marketing		
Other Income		Administration		
ESC Community Assistance		Other		
TOTAL INCOME		TOTAL EXPENDITURE		

List all receipts that relate to the spending of your Community Assistance funded components of your expenditure

Receipt	Amount	
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached

ABN 57 665 238 857

Address all correspondence to:
The Chief Executive Officer
PO Box 12
GEORGETOWN QLD 4871

FRM-006 v1

Phone: (07) 4079 9090
Fax: (07) 4062 1285
Email: info@etheridge.qld.gov.au
41 St George Street, GEORGETOWN QLD 4871



Do you have any unspent Community Assistance money?

☐ No / ☐ Yes

IF YES – Please return the unspent Community Assist money? Remember that failure to do so may affect your future applications to the program.

5. DECLARATION

Declaration by funding recipient:

- I certify that the funding I received was used for the approved purposes and on the terms and conditions set out in the funding guidelines
- I certify that to the best of my knowledge, information detailed in this report is true and correct
- I understand I may be asked to provide Council with additional information on the funded activity

Signature If you are under 18 years, your legal guardian must also sign this outcome report		Date: / /
Name in full		
Position in group or organisation (if relevant)		

Correspondence: Community Development Officer
PO Box 12 GEORGETOWN QLD 4871
Email: info@etheridge.qld.gov.au
Phone: (07) 407909090
Address: 41 St George Street – GEORGETOWN QLD 4871

Website: www.etheridge.qld.gov.au
ABN: 57 665 238 857

ABN 57 665 238 857

Address all correspondence to:
The Chief Executive Officer
PO Box 12
GEORGETOWN QLD 4871

FRM-006 v1

Phone: (07) 4079 9090
Fax: (07) 4062 1285
Email: info@etheridge.qld.gov.au
41 St George Street, GEORGETOWN QLD 4871