

Clarence City Council

Land and Coast Care Grant Program Project Acquittal Form

This form is to be completed and emailed along with images of the completed project and copies of receipts, tax invoices and other expenditure records within two weeks of the project completion to landcare@ccc.tas.gov.au.

Section 1. Grant group details					
Name of group:					
Contact name:					
Postal address:					
Phone:		Email:	Email:		
Financial year in which grant is requested (e.g. 2020-21):		Date funds were received:			
Date acquittal was completed:		A. Funds received \$			
Section 2. Project costs					
Item or unit (please specify)	Budgeted cost		Actual cost		
B. Total actual costs			\$		
Total of in-kind contributions					
Balance (A. – B.)*			\$		
*Please contact council if you have significant funds remaining from your grant.					
Section 3. Briefly describe what happened in your project					



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Section 4. Please outline ar	ny significant changes to your original	ly approved project application of	or budget, if applicable.
Section 5. Signatures			
Group leader name:		Treasurer name:	
Group leader signature:		Treasurer signature:	
Date:		Date:	