

This report should be completed and submitted to Council by 30 June of the Financial Year in which your organisation/business received the donation

ORGANISATION DETAILS:

Name of organisation/community group: _____

Address: _____

Contact Phone: _____

Contact Email: _____

President's Name: _____

Secretary's Name: _____

Treasurer's Name: _____

ABN: _____

DONATION RECEIVED:

What was the value of the donation you received from Council? \$ _____

REPORTING:

Detail how the funds were spent.

What intended outcomes/outputs of your project/activity were you able to deliver?

Who—and how many people—benefited from your project/activity, both directly and indirectly?

ACKNOWLEDGEMENT:

By signing and submitting this form, you acknowledge and confirm that the funds donated to your organisation/community group were spent in accordance with the original request and as reported above.

Sign and Date _____ / /
(Chairperson or Treasurer's signature + Date)

Please return to:

By Post: The General Manager
Coonamble Shire Council
PO Box 249
COONAMBLE NSW 2829
(02) 6822 1626
council@coonambleshire.nsw.gov.au
By Fax:
By Email:
By Hand: 80 Castlereagh Street, Coonamble