



COVID-19 BUSINESS REIGNITE GRANT PROGRAM EVALUATION FORM

- Please complete this form by **29 January 2021** and return to the Shire of York.
- Attach additional information, supporting documentation or photos (we love photos) that demonstrate the outcomes achieved as part of this project.

Project Title: 2020/21 COVID-19 BUSINESS REIGNITE GRANT PROGRAM

Business Name:

Grant Funding Purpose:

Briefly describe what the grant funds were expended on: _____

Briefly describe how funds received stimulated visitor exposure? _____

What, if any, has the response of your customers/staff/neighboring businesses been to this project? _____

What acknowledgement has the Shire's BRGP received as a result of this grant? _____

How satisfied were you with the 2020/21 Business Reignite Grant Program?

- Very Satisfied _____
- Fairly Satisfied _____
- Neither Satisfied nor Dissatisfied _____
- Other _____

BUDGET ACQUITTAL

- **Please list the income and expenditure relating to your project and include copies of associated Invoices**

INCOME		AMOUNT (\$)
ITEM/PROGRAM/PROJECT COSTS		
	SUBTOTAL	\$
In Kind Support		
	SUBTOTAL	\$
FUNDING AMOUNT SUPPORTED FROM THE SHIRE OF YORK		\$
	TOTAL INCOME	\$
EXPENDITURE		AMOUNT (\$)
ITEM/PROGRAM/PROJECT COSTS		
	SUBTOTAL	\$
In Kind Support		
	SUBTOTAL	\$
	TOTAL EXPENDITURE	\$

This form was completed by:

Name: _____

Position: _____

Date: _____

Please send the completed form to:

Email: records@york.wa.gov.au

Attention: Business Reignite Grant Program

Shire of York

PO Box 22, YORK WA 6302; or email - records@york.wa.gov.au