

**COMMUNITY FUNDING EVALUATION FORM**

* Please complete this form within four weeks of the project being finalized 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:**

**Organisation Name:**

**Round of Funding:**

**Was the project implemented as per your application? (if not what changes were made, why?)**

**Please describe the key outcomes of your project:**

**How many people benefited from your project and in what way?**

**How was the Shire of York acknowledged throughout this project?**

* Please list the income and expenditure relating to your project and return within four weeks of the project’s completion with a copy of any invoices to:

|  |  |
| --- | --- |
| INCOME | AMOUNT ($) |
| ITEM/PROGRAM/PROJECT COSTS |  |
|  |  |
|  |  |
|  |  |
|  |  |
| SUBTOTAL | $ |
| In Kind Support |  |
|  |  |
|  |  |
| SUBTOTAL | $ |
| AMOUNT SOUGHT FROM SHIRE OFYORK | $ |
| 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:**

Att: Community Development Officer

Shire of York

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