

Shellharbour City Council Donation Report and Evaluation

This report must be completed and submitted to Council within 6 months of funds being received

1. Applicant/Organisation

Name of Organisation _____

Address _____

Telephone _____

President Name _____

Secretary Name _____

Treasurer Name _____

2. Financial Assistance

Amount received from Council _____

Approximate date funds were received

Details of how the fund were expended:

What services or activities were provided to Shellharbour residents?

How was Council's donation acknowledged by your organisation?

Certification

I certify that the above information is correct and that all funds were allocated and expended for the purposes described above.

President's Signature

Date _____

Treasurer's Signature

Date _____

