



# Per Capita Grant Acquittal Report

## Grants less than \$50,000

NAME OF ORGANISATION

IBN AND FILE ID

TOTAL FUNDING AMOUNT

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### Acquittal of your grant

Your Acquittal Report is essential to the development work of the NSW Community Languages Schools Program and also enables the NSW Department of Education to fulfil its obligations of accountability to the New South Wales Government.

The information you provide helps us evaluate the achievements of funded activities and monitor the effectiveness of the funding programs.

It is a condition of your funding agreement that you provide the NSW Department of Education with an acquittal report.

*If you do not provide this report, or do not complete it satisfactorily, you may not be eligible to apply for further funding from the NSW Department of Education.*

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### Statement of Income and Expenditure

The Statement of Income and Expenditure should be completed and signed by an Office Bearer of your organisation, e.g. the Chairperson, Public Officer, Secretary, Treasurer.

It is also a requirement that the Statement be signed by a second Officer Bearer of your organisation.

**Please return this Acquittal Report by uploading the completed form to the Community Languages Schools Program [Portal](#).**

Enquiries about this Acquittal Report can be directed to [commlang@det.nsw.edu.au](mailto:commlang@det.nsw.edu.au)

## Statement of Income and Expenditure

NAME OF ORGANISATION

IBN AND FILE ID

INCOME	\$
PER CAPITA GRANT - EXCLUSIVE OF GST	
EARNED INCOME	
SUPPORT FROM OTHER SOURCES/GRANTS	
YOUR OWN CONTRIBUTION	
SPONSORSHIP, DONATIONS & FUND RAISING	
IN-KIND SUPPORT	
OTHER	
<b>TOTAL INCOME</b>	

EXPENDITURE*	\$
WAGES, SALARIES, FEES AND ALLOWANCES	
ADMINISTRATION	
PROMOTION, DOCUMENTATION, MARKETING	
EQUIPMENT AND MATERIALS	
<b>TOTAL EXPENDITURE</b>	
<b>SURPLUS/DEFICIT</b>	

\* Suggested items of expenditure only.

Note: Your statement is for the Calendar Year.

### Certification

I certify that the grant received from the NSW Department of Education has been expended in accordance with the Terms and Conditions of the Funding Agreement. To the best of my knowledge and belief the Statement of Income and Expenditure is accurate and fair.

I am aware that if information I have given is false or misleading the Department may ask to pay back all or part of the funding provided under this grant, and/or it may stop any future payments.

SIGNATURE OF OFFICER BEARER

SIGNATURE OF SECOND OFFICER BEARER

PRINT NAME

PRINT NAME

TITLE/POSITION

TITLE/POSITION

DATE

DATE

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