Peaks Sector Support Grants

**Reporting Form**

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

Contact position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (GST Exclusive)

|  |  |
| --- | --- |
| **Income (Details)** | Amount (GST Exclusive)  |
|  |  |
| Total  |  |
| **Expenditure (Details)** | Amount GST Exclusive  |
|  |  |
|  |  |
|  |  |
| Total  |  |
|  |  |
| Surplus / Deficit  |  |

\* Please note, Lotterywest may ask for evidence of expenditure. You must keep all original receipts/invoices and supply to Lotterywest if required.

\* All unexpended funds must be returned to WACOSS within 10 working days. WACOSS will return these unexpended funds to the funding pool.

1. Which funding pool did your application relate to?

 Capacity Building  COVID-19 response

1. Please describe the key activities you undertook as a part of this project.
2. Please describe the outputs and outcomes of your project and how you contributed to making a difference (provide an overview of the feedback from your participants if relevant)
3. What was the reach of this project?
* *number of members that benefited overall, and*
* *the split between regional and metro*

*any feedback from participants (if relevant).*

|  |  |  |
| --- | --- | --- |
|  | Volunteers  | Beneficiaries  |
| Perth Metropolitan  |  |  |
| Kimberley  |  |  |
| Pilbara |  |  |
| Midwest |  |  |
| Gascoyne  |  |  |
| Wheatbelt  |  |  |
| Peel  |  |  |
| Goldfields  |  |  |
| South West  |  |  |
| Great Southern  |  |  |

1. How did this grant help you to better respond or recover from the impacts of COVID-19? (if applicable)
2. How did this grant help you to respond to an emerging issue? (if applicable)
3. What meaningful change did your grant help to achieve; what were the outcomes?
4. Please describe in what ways (if any) the most vulnerable in the community had support to meet their immediate basic needs? What are the indicators of this?
5. Please describe in what ways (if any) have secondary impacts resulting from the social and economic consequences of the pandemic were minimised through prevention and early intervention? What were the indicators of this?
6. Please detail any other outcomes achieved.
7. Did this funding provide you with a new experience in delivering support to your sector?
8. If your project included engaging with Aboriginal Community Controlled Organisations, please describe how these organisations were involved
9. Please advise if this project has led to a bigger initiative being progressed or proposed

**I declare the information provided in this reporting form to be true and accurate description of the project outputs, outcomes and expenditure.**

**CEO Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEO signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email your final report and Income & Expenditure statement for the project to:

peakgrants@wacoss.org.au