

# Final Acquittal Report

## Form Preview

### Instructions for Grantees

This form is designed to help us understand the challenges, triumphs and insights you experienced and gained while running your funded project/program. Please be frank - while we absolutely want to know about and celebrate your successes, it's just important to us that we understand what did not work so well. This will help us to learn what we and others could do differently next time.

You must complete and submit this form no later than the date stipulated in your funding agreement. If you fail to do so you may not be eligible to apply for further grants from the Sisters of Charity Foundation.

The completion of this form should be overseen by someone with an intimate knowledge of the funded project/program.

#### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to [SoCF Privacy Policy](#).

### Project Report

\* indicates a required field

#### Project Title

This question is read only.

**Please provide a short summary of the work that was completed as part of this project/program/initiative \***

Word count:

Must be no more than 200 words.

Describe the "who, what, where, when and why" of your initiative

#### Timing

**Is your project/program/initiative complete? \***

- Yes  
 No

If your initiative is still in progress, pick "no"

Start Date \*

Finish Date \*

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Must be a date.

Must be a date.

### When do you anticipate that your project/program/initiative will be completed? \*

Must be a date.

Leave blank if this is an ongoing initiative or if finish date is unknown

## Milestones

### What have been the major steps/stages (i.e. milestones) involved in delivering your initiative to date?

Milestone	Start Date	Finish Date	Location (if relevant)	Notes
e.g. planning; major activities; evaluation	Provide approximate date or leave blank if unknown Must be a date.	Provide approximate date or leave blank if unknown Must be a date.	(e.g. add address, suburb, region if known; otherwise type 'unknown' or 'not applicable')	Add explanatory notes if required

## Outcomes

### What outcomes were generated as a result of this project/program/initiative?

Outcomes are the changes that have occurred for the beneficiaries of your initiative. Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation, (these are generally **immediate** or short-term outcomes)
- Actions, behaviour, change in policy (these are generally **intermediate** or medium term outcomes)
- Social, financial, environmental, physical conditions (these are generally **long-term** outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month); intermediate outcomes are those that fall between the immediate and long-term (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

We also want to learn more about how you tracked the outcomes of your initiative - what you measured and how.

If you need more help understanding what outcomes are, read the help sheets at [www.ourcommunity.com.au/evaluation](http://www.ourcommunity.com.au/evaluation)

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List your initiative's outcomes and attached information in the following table. Leave blank any fields that do not apply to your project.

Outcome	Were these outcomes anticipated?	Timeframe	Indicator	Verification Method
Outcomes are the changes that you believe were generated or influenced by your initiative. See information above.	Choose from the list	Choose from the list (see description above)	What you used to measure this outcome - e.g. "change in teenage pregnancy rates from x to y"	e.g. survey; interviews; focus groups

Which population group/s were affected by this project or program? \*

Please choose only the group/s that were at the very core of this project/program

Please list any indirect beneficiaries who have been affected by your project/program/initiative.

**Indirect Beneficiaries:**

Indirect beneficiaries are those who may not be targeted by your initiative but are nonetheless expected to be affected by it. For example, a country sports program might be expected to improve the health of the participants ('rural children and youth'), but also to contribute to strengthened community cohesion and capacity building through greater involvement in sports clubs ('rural adults'). You may add extra rows if required.

Please list any intermediaries you worked through or with to reach your primary beneficiaries and/or achieve your outcomes.

**Intermediaries:**

In order to induce changes in your target group, you may need to work through one or more layers of intermediaries. If you wanted to reduce ethnic prejudice, for example, you might want to work through teachers to change students, or even through teacher training colleges to change teachers. You may add extra rows if required.

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### What outputs did your initiative generate?

Outputs are the immediate, obvious, and (usually) countable changes a project/program generates. Examples would include the number of meals served, the number of people who attended a class, the number of people provided emergency accommodation, the number of volunteers who were engaged.

List your initiative's outputs below, including numbers and timeframes where possible. Leave blank any fields that do not apply to your project.

Number	Who or What	Actual or Estimated?	Service / Product / Activity	Timeframe
Must be a number.	e.g. parents; trees; possums; books	Choose from dropdown list	e.g. trained in first aid; planted; provided treatment; delivered	e.g. over life of program; per annum; per month

### What (if anything) did you change in your approach and practices as your project/program/initiative proceeded, and why? \*

Word count:

Must be no more than 100 words.

We may use this information to help inform others undertaking similar work

### Evaluation

#### Did you conduct a project/program evaluation? \*

Yes

No

#### Please provide details of your evaluation below.

We're interested in formal reports or (if no formal report is available) survey results, feedback/testimonials/letters, etc.

#### Upload files:

Attach a file:

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and/or

**Provide web link:**

Must be a URL

and/or

**Other details:**

**Can we share your evaluation with others?**

Yes

No

Please contact us first

**Who conducted your evaluation?**

e.g. external evaluation, internal staff, etc. If you're happy to share more, we'd also love to know who in particular (e.g. name / organisation / job title) carried out your evaluation.

**What did you learn as a result of undertaking this project/program? \***

**Word count:**

Must be no more than 200 words.

We are particularly interested in lessons that may help others undertaking similar work. Think about what you learned about your inputs (money, skills, personnel, time - too much; too little; about right?); your assumptions (were they 100% right, only partly right, or were the results a complete surprise?); and the context of the project/program (timing; targeted beneficiaries; geographic settings - were they right; wrong; about right?)

**Did you record any aspect of your project/program through photographs, audio or video?**

Yes

No

**We'd love to see some visual and audio representations of your work. Please share below.**

**Upload files:**

Attach a file:

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and/or

**Provide web link:**

Must be a URL

and/or

**Provide additional details:**

Please include captions, if relevant

**Can we use your media content in our own communications?**

Yes

No

Please contact us first

e.g. in our social media

**Did you provide any acknowledgement of Sisters of Charity Foundation as a funder of your project/program? \***

Yes

No

e.g. in a media release, in a speech, on your website, in a project/annual report

**Please provide details below.**

**Upload files:**

Attach a file:

and/or

**Provide web link:**

Must be a URL

and/or

**Additional details:**

## Financial Report

\* indicates a required field

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### Project Income & Expenditure

Please provide details of any project income (funds received) and project expenditure (funds spent) to date.

Use the 'Notes' column to provide any additional information you think we should be aware of.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	

### Income & Expenditure Totals

**Income Total**  
 \$   
 This number/amount is calculated.

**Expenditure Total**  
 \$   
 This number/amount is calculated.

**Income - Expenditure**  
 \$   
 This number/amount is calculated.

**Have you experienced any issues with your intended project budget to date? If so, please explain reasons for any major variances or for providing incomplete information: \***

**Please attach copies of receipts for items purchased with grant funds of amounts of \$500 or greater:**

Attach a file:

Max 5mb per file

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### Certification and Feedback

\* indicates a required field

#### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

**I agree**

Yes

No

**Name of authorised person \***

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact Phone Number \***

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

#### Feedback

You are now nearing the end of this form. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**Please indicate how you found the acquittal process:**

Very easy

Easy

Neutral

Difficult

Very Difficult

**Did you find the reporting process useful in helping to understand your own work?**

Yes

No

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**How many minutes in total did it take you to complete this form?**

Estimate in minutes (i.e. 1 hour = 60)

**Please provide us with your suggestions about any improvements and/or additions to this form that you think we need to consider:**