

STATE NRM PROGRAM: FINAL REPORT

PROJECT TITLE:

STATE ID NUMBER:

PROPONENT DETAILS

Organisation:

Project contact:

Postal address:

Contact telephone:

Contact mobile:

Contact fax:

Contact email:

INVESTMENT DETAILS

PROJECT DURATION

	Originally planned	Actual
Project Start Date (month/year)		
Project Completion Date (month/year)		

FUNDING

Provide **actual** financial information here. **** Don't forget to attach your audited financial statement****

	State NRM Program grant payments	Interest	TOTAL
Approved	\$		\$
Received	\$	\$	\$
Expended	\$	\$	\$
Unspent	\$	\$	\$

ASSETS PURCHASED

Provide details of assets purchased that were worth more than \$5000

Asset	Purchase date	Cost	What will happen with this asset at project completion?
		\$	
		\$	
		\$	

INTELLECTUAL PROPERTY

A. Has any intellectual property been created that has the potential for exploitation and/or commercialisation, and for which the intellectual property rights should be legally protected under statutory and/or common law?

If YES, please describe

B. Name all publications/reports/data compiled with the funding from this project.

An electronic copy of all products generated as a result of this project must be provided with this final report

C. How will this information be maintained for future use by other interested parties?

PROJECT SUMMARY

May be taken from project schedule

PROJECT LOCATION

Identify where the project occurred

KEY ACHIEVEMENTS

D. Provide a brief summary (in dot point form) of the key achievements of your project

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E. Did your project proceed as you anticipated?
 If NO, please identify why and any lessons learnt as a result

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PROJECT MILESTONES

A. Identify all **milestones achieved** in your project (use the milestones described in your project schedule)

MILESTONE NUMBER	MILESTONE	COMPLETION DATE	OUTPUT NUMBER*

B. Identify all **milestones not achieved** in your project (use the milestones described in your project schedule)

MILESTONE NUMBER	MILESTONE	COMPLETION DATE	OUTPUT NUMBER*

* Please match milestones to key outputs listed in the table below

KEY OUTPUTS

A. Identify all **outputs achieved** in your project (use the outputs described in your project schedule)

OUTPUT NUMBER	OUTPUT	OUTPUT MEASURE <i>e.g. Km, Ha..</i>	EXPECTED NUMBER	ACHIEVED NUMBER

B. Identify all **outputs not achieved** in your project (use the outputs described in your project schedule)

OUTPUT NUMBER	OUTPUT	OUTPUT MEASURE <i>e.g. Km, Ha..</i>	EXPECTED NUMBER	ACHIEVED NUMBER

USE OF PROJECT RESULTS

A. Where have your results been used and/or where do you anticipate them being used in the future?

B. List any benefits this project has provided to other groups.

C. Describe any future actions that are planned or are likely to arise as a result of this project.

D. How is your organisation planning to maintain the project after funding has ceased?
e.g. who is responsible for ongoing maintenance and operations?

PARTICIPATION

A. How many people were involved in the project?

Number of employees	
Number of volunteers	

B. What groups/organisations/businesses contributed to the project?

List all who contributed to the planning, implementation, administration and financial aspects of the project.
e.g. community groups, schools, government, business, indigenous groups (please include your own group)

NAME OF GROUP/ORGANISATION	DESCRIPTION OF CONTRIBUTION e.g. volunteer hours, equipment use, specialist services	TYPE OF CONTRIBUTION (Cash or in-kind*)	DOLLAR VALUE
<i>e.g. Organisation X</i>	<i>Purchase Fencing Material</i>	<i>Cash</i>	<i>\$10 000</i>
<i>e.g. Organisation X</i>	<i>Build Fence</i>	<i>In-kind</i>	<i>\$30 000</i>

***In-kind** contributions include the donation of:

- time (volunteer hours, specialist services – see grant guidelines for latest volunteer rates)
- use of equipment
- materials

DETAILS OF GRANT SPENDING

Please provide details on what your grant funds were spent on throughout the life of the project.

NAME OF SERVICE PROVIDER	ITEMS/SERVICES PURCHASED	DOLLARS SPENT
		\$
		\$
		\$
		\$
		\$
		\$

GROUP DECLARATION

This report must be signed by the funding recipient's delegated officer.

In order to maximise the benefits of this Funding, information relating to all projects funded by the State NRM Program is regarded as in the public domain and will be made available to the public on request except for information which needs to be kept confidential. Under privacy legislation, personal information cannot be divulged without the consent of those involved.

Do you consent to the inclusion of contact name and contact details in response to public information requests concerning this project?

Yes

No

I declare that the information given on this form is complete and correct

Signature of delegated officer			
Full name			
Position in organisation			
Date	Contact Number	P:	M:

AUDITED FINANCIAL STATEMENT

State ID:

Project Title:

Organisation:

Project Duration:

STATEMENT OF INCOME AND EXPENDITURE FOR THE DURATION OF THE PROJECT

Please state if the report is inclusive or exclusive of GST

Income	\$	Expenditure	\$
Grant received		Employment Salaries / Wages	
Interest earned		Operating expenses Detail major items e.g. <ul style="list-style-type: none"> • Communications • Contractors / Consultants • Monitoring • Audit • Fencing • Trees 	
		Capital expenses Detail items > \$5000	
		Unspent funds To be returned with your Final Report to the State NRM Office	
Total*		Total*	

*Totals on both sides must be equal

We certify that this Statement is correct in accordance with the relevant books and accounts and that the expenditure from the grant was incurred for the purpose of the approved project.

Auditor **

Proponent's Delegated Officer

Date:

Date:

** Tick appropriate box

Registered as an Auditor under the Corporations Law

A member of The Institute of Chartered Accountants in Australia or CPA Australia

A State or Local Government Officer who exercises an appropriate delegation under the Financial Management or Local Government Acts