

**Harmony Week 2022 activities ($2,000)**

**Final Project Report Form**

Harmony Week 2022 activities grant recipients are required to submit a final project report, including a certified financial statement, within 60 days of the activity completion to acquit the grant. A final project report deadline is outlined in the grant agreement letter.

To request an extension to your deadline, email **grants@omi.wa.gov.au**

## Organisation details

This is the group undertaking the event or activity.

|  |  |
| --- | --- |
| Legal name of organisation | Click here to enter text. |
| Trading name (if applicable) | Click here to enter text. |
| Postal address | Click here to enter text. |
| Suburb | Click here to enter text. | Postcode: | Enter text. |
| Telephone | Click here to enter text. |
| Website (if applicable) | Click here to enter text. |

**Organisation contact**

This is the person legally authorised to enter into contracts on behalf of the organisation.
For example, the chairperson, president or equivalent officer.

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Position | Click here to enter text. |
| Telephone | Click here to enter text. |
| Mobile  | Click here to enter text. |
| Email  | Click here to enter text. |
| These contact details may be placed on the OMI database\*: | **Yes** [ ]  **No** [ ]   |

\* Personal information collected by OMI is handled in accordance with the *Privacy Act 1988*

**Project contact**

This is the person responsible for the daily coordination of the event or activity.

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Position | Click here to enter text. |
| Telephone | Click here to enter text. |
| Mobile  | Click here to enter text. |
| Email | Click here to enter text. |

## Activity summary

**Activity name:** Click here to enter text.

**Activity date/s:** Click here to enter text.

**Provide a brief summary of the activity. Include information about key people and partners including what and how they contributed, and whether or not you delivered all parts of your activity proposed in your application.** *Attach photos of your activity.*

Click here to enter text.

**Provide a brief summary of learnings from delivering the activity. What worked well? What could have been improved?**

Click here to enter text.

## Promotional and media coverage

**Provide an overview of the promotions and media coverage that was generated for your activity.** *For example, 1 x article in Community News, 1000 x flyers distributed through local area,
3 x Facebook posts. Attach copies of promotional materials and media coverage.*

|  |  |
| --- | --- |
| Media type | Detail  |
| Newspaper | Click here to enter text. |
| Advertisements | Click here to enter text. |
| Flyers | Click here to enter text. |
| Radio | Click here to enter text. |
| Social media | Click here to enter text. |
| Email networks | Click here to enter text. |
| OMI event calendar | Click here to enter text. |

## Participation

**Provide the number of people involved in the activity as participants or audience/spectators.**

If your event was targeted to a particular age group, specify figures within the appropriate age range. Otherwise, only provide total actual figures.

|  |  |  |
| --- | --- | --- |
| Age group | Participants | Audience/spectators |
| Children 11 years and under | Click here to enter text. | Click here to enter text. |
| Adolescents 12-17 years  | Click here to enter text. | Click here to enter text. |
| Youth 18-25 years | Click here to enter text. | Click here to enter text. |
| Adults 26-64 years | Click here to enter text. | Click here to enter text. |
| Seniors 65 years and over | Click here to enter text. | Click here to enter text. |
| Total | Click here to enter text. | Click here to enter text. |

**Provide the number of people and partners involved in planning and delivering your activity.**

|  |  |  |
| --- | --- | --- |
| Who | Number | Role/s |
| Paid staff | Enter text. | Click here to enter text. |
| Volunteers | Enter text. | Click here to enter text. |
| Organisations | Enter text. | Click here to enter text. |

## Financial Statement

Use the table below to show the income that supported your event, the sources of funding and how it was spent. It is important to detail what items this grant was allocated to.

Include your organisation’s cash and ‘in-kind’ contributions.

**Do not include GST in your reporting.**

|  |  |
| --- | --- |
| **Grant amount** | **$ 2000** |
| **Total project amount** | **$** Enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (1)Expenditure Items (i.e. what the money was spent on.)  | (2)This Grant Amount($) (ex. GST) | (3)Other Funding Amount($) (ex. GST) | (4)In-Kind Support - Provide the dollar value of the in-kind support ($) | (5)Source of Other Funding or In-kind Support.  |
| *Example only:**Printing and Promotion* | *$1000* | *$2000* | *$500* | *ABC Council* |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Total: | Enter text. | Enter text. | Enter text. |  |

## Declaration

This declaration is made by the grant recipient, or the auspice organisation on behalf of the grant recipient:

* I declare that I am currently authorised to sign legal documents on behalf of the organisation.
* I declare that all the information provided is true and correct.
* I declare that the grant provided by the Office of Multicultural Interests has been spent in accordance with the purpose and conditions for which it was approved and that the financial statements are a true and fair record of the transactions for this project.
* I declare that the appropriate permissions have been obtained to allow the Office of Multicultural Interests a perpetual, irrevocable, worldwide, royalty-free licence to use the images supplied as part of this report for the purpose of promoting the Office of Multicultural Interests’ programs and its policies or for any other printed or digital publication or material including but not limited to promotional videos, online newsletters, social media and website content issued by the Office of Multicultural Interests.

Note: For auspiced grants, provide the information for the auspice organisation.

|  |  |
| --- | --- |
| Name of the organisation | Click here to enter text. |
| Postal address | Click here to enter text. |
| Suburb | Click here to enter text. | Postcode: | Enter text. |
| Legally authorised officer name | Click here to enter text. |
| Legally authorised officer position | Click here to enter text. |
| Legally authorised officer email | Click here to enter text. |
| Legally authorised officer telephone | Click here to enter text. |
| Legally authorised officer signature | Click here to enter text. |
| Date | Click here to enter text. |

## Final Project Report submission

Submit the final project report and supporting material by **email** to **grants@omi.wa.gov.au**