## Reporting template

Safer Communities Fund Round 3 – final project report

|  |  |
| --- | --- |
| Project number | <<insert details>> |
| Grantee name | <<insert details>> |
| Project title | <<insert details>> |
| Progress period | <<insert details>> |

The amount of detail you provide in this report should be commensurate with the project size, complexity and grant amount. We may request additional information from you including quotes, invoices, evidence of payment (e.g. bank statements) and photographs.

Submit your completed report in MS Word format to [SaferCommunities@industry.gov.au](mailto:SaferCommunities@industry.gov.au).

* + - 1. Project activities
         1. Provide a brief outline of the project activities.

Consider including the following:

* a project description including details about the equipment installed, the number of items and the location/s
* photographs of the installed equipment
* certification or commissioning certificates for the installed equipment

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| enter response here |

* + - * 1. Were all of the activities as specified in the grant agreement completed?

Yes  No

If no, explain why.

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| enter response here |

* + - * 1. Was the decision to install security equipment part of a planned and coordinated local security strategy?

Yes  No

* + - 1. Project outcomes and benefits
         1. What benefits or changes have occurred because of this project? Would the situation be different if the project did not occur?

You may wish to describe benefits or changes in community safety, resilience and wellbeing, and/or the prevalence of crime and anti-social behaviour. You are encouraged to provide evidence (e.g. crime rates or a summary of assistance on investigations).

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* + - * 1. How has the community responded?

For example:

* Was there any feedback (good or bad) from your community about the project?
* Was there any publicity about the project in your local media or newsletters? (please include a copy or a website link if available)

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* + - * 1. What is the demographic of the community which was impacted (positively or negatively) by this project? What are their characteristics?

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* + - * 1. What external factors had an impact on the effectiveness of this project? Were there any obstacles that were encountered? What did you do to overcome them?

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* + - 1. Project Income and Expenditure

Complete the following table showing the total actual expenditure incurred on the project. All expenditure should be GST inclusive, less GST credits you can claim. Please attach a detailed spreadsheet of actual expenditure items and evidence of expenditure (e.g. copies of invoices and receipts) to this report.

Refer to the Safer Communities Fund Round 2 guidelines or contact us if you have any questions about eligible expenditure.

| 1. **Expenditure item** | **Total expenditure in grant agreement** | **Actual expenditure on the project to date** | **Total number of items installed** |
| --- | --- | --- | --- |
| Fixed or mobile CCTV costs | 1. $<amount> |  |  |
| Security lighting | 1. $<amount> |  |  |
| Bollards | 1. $<amount> |  |  |
| Crime prevention through environmental design | 1. $<amount> |  |  |
| Other eligible costs | 1. $<amount> |  |  |
| **Total eligible project costs** | 1. **$<sub-total>** |  |  |
| In-kind contributions | 1. $<amount> |  |  |
| <specify other ineligible expenditure> | 1. $<amount> |  |  |
| **Total ineligible project costs** | 1. **$<sub-total>** |  |  |
| **Total project costs** | 1. **$<total cost>** |  |  |

1. Comment on any difference between the amounts detailed in the grant agreement and the actual items and amounts reported above in the statement of eligible expenditure.

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| enter response here |

1. Complete the following statement of income and expenditure for the reporting period.

|  |  |
| --- | --- |
|  | **GST exclusive** |
| A. Total Safer Communities Fund grant funding approved | $0.00 |
| B. Total Safer Communities Fund grant received for the project to date | $0.00 |
| C. Total Safer Communities Fund grant expended on the project to date | $0.00 |
| D. Balance of grant funding remaining (A – C) | $0.00 |

Please note that if you spend any amount of the grant on ineligible activities, activities not identified in the project, or if you have a grant amount unspent at the project end date, you will need to repay those amounts to the Commonwealth. Please contact us if you have any questions about the requirements.

* + - 1. Updated business indicators

| **Recent trading performance** | **Not Applicable** | **Latest complete financial year [yyyy-yy]** |
| --- | --- | --- |
| Sales revenue (turnover) |  | $ |
| Export revenue |  | $ |
| R&D expenditure |  | $ |
| Taxable income |  | $ |
| Number of employees including working proprietors and salaried directors (headcount) |  |  |
| Number of independent contractors (headcount) |  |  |

Certification

I ............................................................... being a person duly authorised by the grantee hereby certify that:

the information in this report is accurate, complete and not misleading and that I understand the giving of false or misleading information is a serious offence under the *Criminal Code 1995* (Cth).

the grant was spent in accordance with the grant agreement.

I am aware of the grantee’s obligations under their grant agreement, including survival clauses.

I am aware that the grant agreement empowers the Commonwealth to terminate the grant agreement and to request repayment of funds paid to the grantee where the grantee is in breach of the grant agreement.

Signed Date

[Position/ title]