

This evaluation report needs to be completed and returned within 4 weeks of the completion of the program or at the latest 12 months after receipt of the grant.

Name of group/ organisation		
Contact person		
Title/Role		
Postal address		
		Postcode
Email		
Contact number		

PROGRAM DETAILS

Name of program		
Date program commenced		Date program completed

Outcomes of the program

What were the major outcomes from this program? Describe how the program met the goals and aims identified in the application.

Were there any unexpected outcomes from delivering the program?

Has anything changed as a result of this program? What was that and how do you know this?

Has this program led to any additional programs/projects? Please select...

If 'yes' what are they?

Impact on your group

What has been the impact on your group of running this program?

What skills did this program help your group to further develop?

What have you learned from delivering the program?

Did you undertake any approaches to support health outcomes (eg healthy catering, physical activity etc)? If so how?

Recognition and promotion

How was the City of Onkaparinga promoted in association with the program?

(Please include any links to websites, Facebook pages etc and/or electronic copies of newsletters promoting the program)

Please provide a maximum of four photos of your program granting permission to use the images to promote the community grants program.

I/we give permission for the photos to be used by the City of Onkaparinga

DECLARATION AND AUTHORISED SIGNATURE

Signature of an office bearer of the incorporated body that received or auspiced the grant. This area must be signed.
Declaration: I certify that this report is a true and correct record of financial expenditure Name Signature _____ Position Date
Signature of member of the unincorporated group that managed the program IF the grant was auspiced by another group
Declaration: I certify that this report is a true and correct record of financial expenditure Name Signature _____ Position Date

Please return to:

Community Grants
City of Onkaparinga
PO Box 1
NOARLUNGA CENTRE SA 5168

Or email mail@onkaparinga.sa.gov.au