

This evaluation report should be completed and returned within 4 weeks of the completion of the purchase(s), 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		

## EQUIPMENT DETAILS

### Impact on your group

What equipment did you purchase with the grant?

How has the equipment benefited the group?

Where there any unexpected outcomes as a result of the equipment purchased?

### Recognition and promotion

How was the City of Onkaparinga promoted in association with the equipment purchased?  
(Please include any links to websites, Facebook pages etc and/or electronic copies of newsletters promoting the purchase/s)

Please provide a maximum of four photos of the equipment purchased 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 made the purchase(s) 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