

## Sport and Active Recreation Donation Program 2020-21 Evaluation Report

**Please complete and return this report within three months of the completion date of your activity to:**

*Community Capacity Administration  
City of Onkaparinga  
PO Box 1  
NOARLUNGA CENTRE SA 5168*

*Phone 8384 0697 or email [mail@onkaparinga.sa.gov.au](mailto:mail@onkaparinga.sa.gov.au)*

### **1. Participant/applicant details**

Please complete the following information.

*For team donations this form is required to be completed by the coach/manager/office bearer*

Name of applicant

Name of participant (s)

Postal address

Telephone

Mobile

Club name

Team name

Club contact name

Title or role

Postal address

### **2. Event details**

Event

Event location

Event date(s)

Please provide a summary of the event (including achievements and experiences)

Please attach any photos from the event

If photos have been attached to this report, do you give permission for these photos to be used by council on the City of Onkaparinga website, in newsletters, local messenger or other public documents?

Please select...

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## 3. Benefit of the donation

How did council's donation benefit the team/participant?

## 4. Other information

Are there any other comments that you would like to make in relation to the event?

## FINANCIAL REPORT

The financial report must be a reflection of the application submitted.

Donation amount received from council \$

What was council's donation used for:

Item	\$
<i>eg travel</i>	<i>\$50</i>

**Signature of the applicant or coach/manager/office bearer that received the donation.**

*This area must be signed.*

Name *(please print)*

Signature

Date

*Declaration: I certify that this report is a true and correct record of the event attended and financial expenditure.*