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**Lady Bowen Trust**

 **Grant Reporting**

**ORGANISATIONAL AND PROJECT DETAILS**

Failure to provide the abovementioned interim report may result in an organisation being ineligible for a grant in future years

|  |  |
| --- | --- |
| **Organisation’s Name**  |  |
| **Project Name** |  |
| **Project Description** |  |
| **Project Name** |  |

**FINANCIALS**

|  |  |
| --- | --- |
| **Total Funds received for the Grant Round**  | $ |
| **Date Received** |  |
| **Reporting Period** | [ ]  July - January [ ]  February - June |
| **Total Amount of funds spent**  | $ |
| **Unspent Balance** | $ |
| **Financials Attached (excel Attachment A)** | [ ]  Yes [ ]  No |
| **Intended use of unspent funds carried over** |  |
| **Intended Date of Completion** |  |

**PROFILE AND OUTCOMES**

**PROFILE OF THOSE ASSISTED**

|  |  |
| --- | --- |
| **Total Number of People Assisted** |  |
| **Type of Assistance Provided and the Amount** | **Type** | **Amount $** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Multiple instances of assistance (e.g. Where the same client receives repeated assistance)** |  |
| **Demographics****Gender:****Age:****Household Type:****Indigenous status:****Ethnicity:****Disability:****Dependencies:** |  |

**OUTCOMES FOR CLIENTS**

*Please provide qualitative feedback where possible*

**UNMET NEEDS** *(that the Lady Bowen Trust may be able to address)*

**CASE STUDIES** *(detailing how the assistance provided has assisted individual recipients)*

**ISSUES OR COMMENTS** *(for queries or further information)*

**SERVICE PROVIDER CONTACT** *(for queries or further information)*

|  |
| --- |
| **Principal contact person**  |
| Name |  |
| Position |  | Phone |  |
| Email |  | Alternative Contact |  |

**AUTHORISATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Authorised Person |  | Position |  |
| Signature |  | Date |  |