**Supporting Communities in Bushfire Recovery  
Community Grants Program**

Reporting Form

Please complete this Reporting Form either online or download, complete and email to [commissioning@hnc.org.au](mailto:communitygrants@hnc.org.au) within 14 days of completion of the activity.

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| **Section 1 – Grant Overview** | | | | | | | | | |
| Name of grant activity: |  | | | | | | | | |
| Organisation name: |  | | | | | | | | |
| Grant description: |  | | | | | | | | |
| Activity location/s: |  | | | | | | | | |
| Activity start date: |  | | | Activity completion date: | | | | |  |
| Person completing this form: | Name: |  | | | | | Phone: |  | |
| Community groups involved in the grant activity:  Eg: whole community, adults, youth, children, Aboriginal & Torres Strait Islander people, volunteers. | | | | | | | | | |
|  | | | | | | | | | |
| Number of people invited (actual or estimate): | | | | |  | | | | |
| Number of attendees (actual or estimate): | | | | |  | | | | |
| How did you promote your activity to the target community groups? | | | | | | | | | |
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| **Section 2 – Grant Objectives** | | | | | | | | | |
| Please provide a short summary of how your activity addressed the following grant objectives, as applicable. | | | | | | | | | |
| Promote social cohesion, connectedness and supportive friendship and relationships |  | | | | | | | | |
| Promote community wellbeing, resilience, mental health healing and post-trauma recovery for communities |  | | | | | | | | |
| Promote information about services and where to seek assistance when needed and/or assistance to identify and support those in distress |  | | | | | | | | |
| **Section 3 – Successes and Challenges** | | | | | | | | | |
| Please describe your activity’s key achievements. |  | | | | | | | | |
| What challenges impacted the delivery of the activity?  How did you address these challenges? |  | | | | | | | | |
| What were the key learnings from the activity?  (e.g. reasons for success, areas for improvement, issues or gaps identified) |  | | | | | | | | |
| What do you expect to be the long-term social impacts of the activity? |  | | | | | | | | |
| Any other comments about your activity or issues identified in relation to bushfire recovery in your community. |  | | | | | | | | |
| **Section 4 – Financial Reporting** | | | | | | | | | |
| Please provide details of your actual expenditure against budget. | | | | | | | | | |
| **Item** | **Budget $** | | | | | **Actual $** | | | |
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| Signature of person completing this form: | | |  | | | | | | |
| Date: | | |  | | | | | | |