**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 within 14 days of completion of the activity.

|  |
| --- |
| **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? |
|  |
| **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 $** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Signature of person completing this form:  |  |
| Date: |  |