### Multicultural Affairs and Social Cohesion Division - Accountability Report - CBP Community Language Schools

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| **Please return to the Multicultural Affairs and Social Cohesion Division (MASC):**  Email: [capacity.building@dpc.vic.gov.au](mailto:community.grants@dpc.vic.gov.au) (*Please note, email is preferred where possible*)  Post: MASC Capacity Building Team, GPO Box 4698, Melbourne 3001 | | | |
| **Opportunity no.** |  | **Payment Year / Round:** |  |
| **Account no.** |  | **Name of Organisation:** |  |
| **Grant amount awarded** (excl. GST): | $ | **Amount used** (excl. GST): | $ |
| **Title of activity**  *e.g. event or project name* |  | | |

*For official use only*

Domain 4: Victorians are connected to their cultures and communities

* Outcome: Victorian from culturally diverse communities are socially engaged and live in inclusive communities
* Indicator: Increased involvement in civic and a community life
* Outcome: Victorians from culturally diverse communities can safely identify with and connect with their culture
* Indicator: Increase opportunities to connect with culture and community

**The total grant amount awarded should be used for costs associated with running the community language school and its activities as listed below.**

*Please tick all relevant* ***activity*** *boxes and, where possible, give a* ***number*** *of how many you delivered (for example, 3 classes or 2 outings).*

|  |  |
| --- | --- |
| **Activity** | **Number** |
| Classes |  |
| Learning activities |  |
| Outings |  |
| Tutoring |  |
| Running costs (such as rent, lighting, heating, catering utilities, telephone, stationary and postage) |  |
| Transportation |  |
| Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Did the activities undertaken with the grant monies benefit your Organisation**

**and/or Community? Yes No**

**How many people were reached by your activities?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteers: \_\_\_\_\_\_\_

Teachers: \_\_\_\_\_\_\_

Mentors: \_\_\_\_\_\_\_

Family members: \_\_\_\_\_\_\_

Guest: \_\_\_\_\_\_\_

Others: \_\_\_\_\_\_\_

**Please provide a brief description of the funded activity and how the funding was used.**

**How did the activity benefit your organisation and/or community?**

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|  |

**What has been the most significant outcome of your activity?**

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|  |

**Any other information you would like to add?**

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|  |

### Budget

Please list the budget for your activity. Please note you are required to keep all receipts relating to this activity for seven years. These receipts must be provided to the Department upon request.

|  |  |
| --- | --- |
| **Item / Service** | **Amount $** |
|  |  |
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|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
| **Total Amount Spent** | **$** |

### Declaration

I hereby certify that, to the best of my knowledge, information in this report including attached supporting documentation:

* Discloses all relevant information that the Organisation is required to report on in accordance to the Agreement for the Activity;
* Is true and correct and without false or misleading statement; and
* Is provided after conducting all necessary searches, investigations and enquiries.

I acknowledge that the Department may seek from the Organisation additional information for the purpose of clarifying information provided in this report and attached supporting documentation.

Signed: SIGN HERE (President or Treasurer)

Name: *Please write your name*

Position: Date:

*For any questions or queries regarding the Accountability Report, please contact the Capacity Building Team on 1300 366 356.*

### Supporting documentation

Please attach any photographs of your activity, advertising, marketing materials or other relevant documentation.