

COMMUNITY INVESTMENT PROGRAM

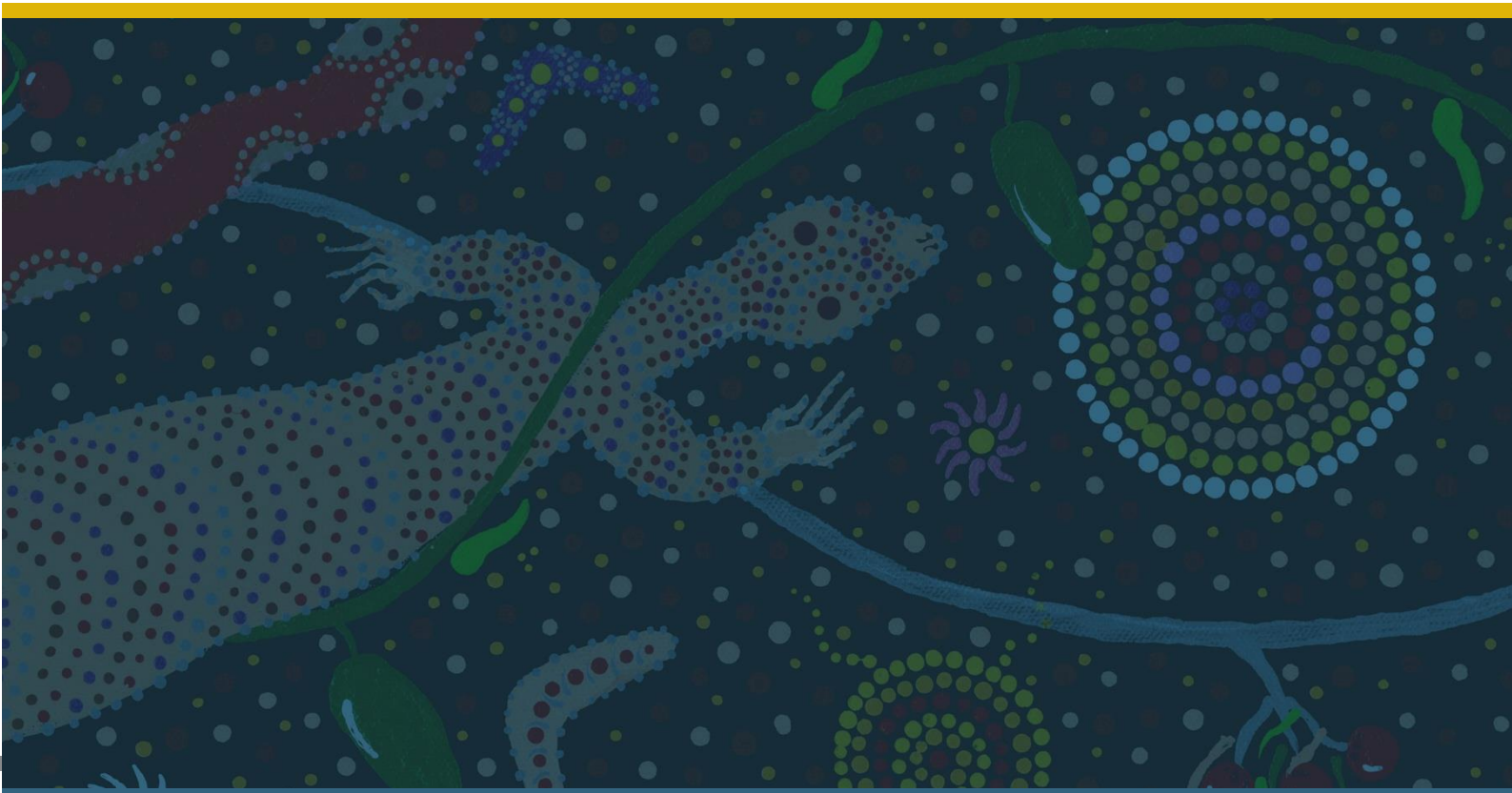
PROJECT EVALUATION FORM

Please complete this Project Evaluation Form if you have recently received funding through KCGM's Community Investment Program.

This form must be completed and returned within 60 days of your project concluding.

To discuss your acquittal, or for more information, please contact:

External Relations, (08) 9022 1279, partnerships@nsr ltd.com



CONTACT DETAILS	
Full Name	
Position	
Primary Contact Number	
Email Address	
ORGANISATION DETAILS	
Organisation Name	
Chairperson or President	
Address	
Postal Address <i>(If different business address)</i>	

PROJECT DETAILS			
Project Name			
Amount of Funding received from KCGM		Date Received	
Project Completion Date			
Briefly describe your project, including key activities			
What were the key objectives of your project? <i>Refer to your Application Form</i>	Objective One:		
	Objective Two:		
	Objective Three:		

Were these objectives achieved?	Yes - <input type="checkbox"/> No - <input type="checkbox"/> If not, please describe why:	
How did participants or the Kalgoorlie-Boulder community benefit from your project?	Benefit One:	
	Benefit Two:	
	Benefit Three:	
Were there any variations to your project from your initial application?	No - <input type="checkbox"/> Yes - <input type="checkbox"/> If yes, please describe why:	

PROJECT MANAGEMENT AND REACH

Please list other community partners involved in the project <i>For example: Community groups, sporting clubs, community organisations</i>		
Number of people involved in managing the project		
Number of volunteers involved in the project		
Number of project participants <i>For example: audience members, attendees, workshop participants</i>		
How was KCGM's support acknowledged? <i>Please attach evidence.</i>	Media Article	<input type="checkbox"/>
	KCGM logo on promotional material	<input type="checkbox"/>
	Verbal or written acknowledgement	<input type="checkbox"/>
	Social Media Posts	<input type="checkbox"/>
	Other	<input type="checkbox"/> - Please describe:

FUNDING REPORT		
PROJECT INCOME		
KCGM Community Grant:		
Applicant Contribution		
Cash:		
In-Kind:		
Other grants or sponsorships:		
Other income:		
Describe income source: <i>(Example: Fees, Ticket Sales)</i>		
TOTAL INCOME		
PROJECT EXPENDITURE	KCGM GRANT (\$)	OTHER FUNDING (\$)
TOTAL EXPENDITURE		

DECLARATION	
I declare that the details provided in this Evaluation Form, including the funding report, is true and correct to the best of my knowledge.	
I give KCGM permission to use the information provided in this Evaluation Form, including attachments and images, for reporting, communication and promotional purposes.	
Authorised Representative Name	
Position	
Signature	
Date	

1. ATTACHMENTS

Please include the following attachments with your Project Evaluation Form:

- Evidence where KCGM's support has been acknowledged. This may include:
 - Social Media Posts
 - Flyers and Posters
 - Media Articles
- At least two high resolution images of your project being delivered.
 - If your images feature people, you must have their photo permission.
 - These images may also be used by KCGM for reporting, communication and promotional purposes.

2. SUBMITTING YOUR EVALUATION FORM

Please sign and submit this Evaluation Form, including any relevant documentation, within 60 days of your project concluding to:

partnerships@nsrltd.com