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| Men’s Shed Funding Program final report |
|  |

Due within 20 business days of the completion of your project.

This form must be saved to your computer first and answers must be typed.

# Details

| Contact details | Response |
| --- | --- |
| Shed name |  |
| Shed address |  |
| Auspice name (if applicable) |  |
| Project contact name |  |
| Project contact telephone |  |
| Project contact email |  |

# Status

|  |  |
| --- | --- |
| Question | Response |
| What was the completion date (month, year) |  |
| What was or is the opening date? (month, year) |  |
| Describe the work undertaken? |  |
| Is the shed operational?  If **yes**, detail operating hours |  |
| How many participants are **currently** using your shed? |  |
| How many participants do you **expect** to use the shed in the future? |  |
| List your community partner organisations (for example, local council) |  |

# Financial acquittal

Provide all sources of income and expenses relating to the project, including in-kind contributions.

All amounts should be GST **exclusive**.

**Income**

| Income source | Amount ($) |
| --- | --- |
| Funding from the Victorian Men’s Shed program | $ |
| Other state government funding | $ |
| Local government funding | $ |
| Federal government funding | $ |
| Funds from your organisation | $ |
| Funds from other community organisations | $ |
| Funds from business contributions | $ |
| Funds from philanthropic contributions | $ |
| In-kind support from your organisation | $ |
| In-kind from other sources | $ |
| <specify other income> | $ |
| <specify other income> | $ |
| <specify other income> | $ |
| <specify other income> | $ |
| Total income | $ |

**Expenditure**

| Expenditure source | Amount ($) |
| --- | --- |
| Construction and materials | $ |
| Contingencies, escalations and allowances | $ |
| In-kind labour | $ |
| In-kind – other support | $ |
| <specify other expenditure> | $ |
| <specify other expenditure> | $ |
| <specify other expenditure> | $ |
| <specify other expenditure> | $ |
| <specify other expenditure> | $ |
| <specify other expenditure> | $ |
| Total expenditure | $ |

# Photo attachments

[Email Men’s Sheds](mailto:mens.sheds@dhhs.vic.gov.au) <mens.sheds@dhhs.vic.gov.au> photographic evidence of the completed project with this report.

# Declaration

This report needs to be approved by the Chief Executive Officer, President or equivalent at the organisation (who received the funding through the Men’s Shed Program).

| Declaration | Check to agree |
| --- | --- |
| I hereby certify that the information contained in this report is a true and accurate reflection of the outcome of the project. |  |

| Approved person | Response |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Date** |  |
| **Phone number** |  |
| **Email address** |  |

# Return this completed report with photo attachments to

[Email Men’s Shed](mailto:mens.sheds@dhhs.vic.gov.au) <mens.sheds@dhhs.vic.gov.au> (preferred option), or post:

Daniel Pennefather   
Department of Health and Human Services  
Men’s Shed Funding Program, Community Capacity Building  
Level 12, 50 Lonsdale Street  
Melbourne VIC 3000

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| To receive this publication in an accessible format phone (03) 9096 7515 using the National Relay Service 13 36 77 if required, or [email Men’s Shed](mailto:mens.sheds@dhhs.vic.gov.au)s <mens.sheds@dhhs.vic.gov.au>  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Department of Health and Human Services, May 2019.  Available from the [Providers’ Men’s Shed Program page](https://providers.dhhs.vic.gov.au/mens-shed-program)  <https://providers.dhhs.vic.gov.au/mens-shed-program> |