

Youth Vibe Holiday Grants

Organisation and Community Group Evaluation

Applicant Details	
Name of Organisation:	
Person Organising Activity:	
Position Title:	
Contact Number:	
Email Address:	
Postal Address:	

Activity Details	
Title of Activity:	
Location of Activity:	
Date/s of Activity:	

1. Provide a brief overview or description of the activity.

2. Were young people actively consulted and/or involved in the planning and implementation of this activity? If so, how many and how?

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If so, how many and how?

3. How many young people participated in the activity? (12 to 25 year olds only)

Number of Young People:	
Gender:	
Average Age:	
Age Range:	
Indigenous:	
CALD:	
Disability:	
Homelessness: (or at risk of)	
GLBTI:	
Mental Illness:	
In and Out of Home Care:	
Other:	

Comments:

4. Were any specific groups targeted for your activity and why?

(specific age group, specific cultural background, special needs and specific interests)

5. Describe the feedback from young people on their satisfaction with the activity.

(you may like to use some quotes from young people)

6. How did you acknowledge the Northern Territory Government's Sponsorship? What promotional material was produced and where was it distributed?

(please provide evidence of promotional material)

How did you acknowledge the Northern Territory Government?

What promotional material was produced and where was it distributed?

7. Additional Comments?

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Financial Details		
8. Please detail what you spent the awarded grant funding on? <i>(Please note, any variations to your approved budget need to be pre-approved by the office)</i>		
Item	Approved Budget	Variation
Example Only: Food	\$300	\$250 <i>(actually spent on food, saving \$50 which may have been used on another item)</i>
Wages/Fees <i>(up to \$500)</i>		
Catering		
Hire of Venue		
Hire of Equipment		
Consumables		
Capital Equipment <i>(up to \$500)</i>		
Airfares		
Accommodation		
Other <i>(please specify)</i>		
Other <i>(please specify)</i>		
Total Expenditure:		

Authorisation

I certify, as an authorised representative of the organisation or community group that the information provided in this evaluation and acquittal form is true and correct.

TO BE COMPLETED BY ALL RECIPIENTS

SIGNED BY:

_____ (print recipient)

_____ (signature of recipient)

this _____ day of _____ 20____ in the presence of:

WITNESSED BY:

_____ (print witness name)

_____ (signature of witness)

Privacy Notice

The Office of Youth Affairs in Territory Families is collecting the information on this form to evaluate your activity under the Youth Engagement Grants Program. Some of the information and any supporting documentation you provide may be used for promotional and reporting purposes.

The personal information you provide is able to be accessed and corrected if necessary by you or your nominated representative by application or request to the office.

Submission

Evaluations should be either emailed to tf.oya@nt.gov.au or posted to:

Grants Officer
Office of Youth Affairs, Territory Families
PO Box 37097, Winnellie NT 0821

If you have any queries, please call the Office of Youth Affairs on (08) 8999 3881 between 8:00am and 4:00pm, Monday to Friday.