

Quarterly Report - Indigenous Jobs Development Funding

NAME OF COUNCIL: _____

Quarter of: Jul - Sep / Oct - Dec / Jan - Mar / Apr - Jun (circle as appropriate)

YEAR OF GRANT: 2017-18

Department Reference: HCD ____ / ____

Contact: Omor Robin (Ph: 8999 8576)

Annual Notional Grant: \$_____.00 (Quarterly notional grant \$_____.00)

Quarterly Salary costs (from signed payroll report attached)	\$
Eligible Salary on-costs (equal to 15% of total approved salary costs)	\$
Total Quarterly Actual Expenditure	\$
Council contribution (minimum 50%)	\$
Claimable Grant	\$

Council Level Statistics

Total number of Indigenous staff employed by council for the quarter: Male: ____ Female: ____

Total number of all council staff employed for the quarter: Male: ____ Female: ____

IJDF Statistics

Total number of Indigenous staff employed by this program for the quarter: Male: ____ Female: ____

Total Indigenous numbers by employment category: Full time: ____ Part time: ____

Number of Indigenous staff employed in the following local government service area by this program:

Administration: ____ Garbage: ____ Parks & Gardens: ____ Library: ____ Civil Works: ____

Sport & Recreation: ____ Animal Management: ____ Other Activities: ____

We certify, in accordance with the conditions under which this grant was accepted, that the expenditure shown in this acquittal is accurate in relation to the employment of Indigenous workers in council local government services and the reports required to be submitted are in accordance with the stated purpose of this grant.

Statement prepared by: _____ / /20__

Print Name

Signature

Authorised Person: _____ / /20__

(CE or CFO)

Print Name

Signature

DEPARTMENTAL USE ONLY

Payroll report checked YES/NO

Expenditure conforms to purpose YES/NO

Date next statement due/...../.....

Checked by: _____/...../.....

Comments: _____