

# COMMUNITY LANGUAGE PROGRAM SCHOOL GRANTS

**Final Report for the 2024 School Year**

**To be submitted by Friday, 31 January 2025**

Community Language Program (CLP) New School and Per Capita grant recipients are required to use this form to prepare a final report, including a financial statement, to show how the funding was used over the 2024 school year. If you need assistance completing this form, contact the Office of Multicultural Interests’ Grants Officer on (08) 6552 1603.

## Organisation details

This is the group undertaking the activity.

|  |  |  |  |
| --- | --- | --- | --- |
| Legal name of Incorporated Association applicant | Click here to enter text. | | |
| School name (if applicable) | Click here to enter text. | | |
| Postal address | Click here to enter text. | | |
| Suburb | Click here to enter text. | Postcode: | Enter text. |
| Telephone | Click here to enter text. | | |
| Website | Click here to enter text. | | |

**Organisation contact**

This is the person legally authorised to enter into contracts on behalf of the organisation. This is generally the chairperson, president or equivalent officer.

|  |  |  |
| --- | --- | --- |
| Name | Click here to enter text. | |
| Position | Click here to enter text. | |
| Telephone | Click here to enter text. | |
| Mobile | Click here to enter text. | |
| Email | Click here to enter text. | |
| These contact details may be placed on the OMI database\*: | | **Yes**  **No** |

\*Personal information collected by OMI will be handled in accordance with the *Privacy Act 1988.*

**Community Language School contact**

This is the person responsible for the operations of the school.

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Position | Click here to enter text. |
| Telephone | Click here to enter text. |
| Mobile | Click here to enter text. |
| Email | Click here to enter text. |

## Community Language Program information

**Language classes**

**Number of students enrolled in the 2024 school year:** Click here to enter text.

**Attach a copy of 2024’s Student Attendance List** for the full year.

Complete the tables below and provide evidence of the locations of the language classes (Table 1), number of classes held and attendance (Table 2), and dates of terms (Table 3).

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Class locations | | | |
| Location address | **Code\*** | **Day/s of the week** | **Hours of language instruction** |
| Click here to enter text. | Text. | Click here to enter text. | XX hours. |
| Click here to enter text. | Text. | Click here to enter text. | XX hours. |
| Click here to enter text. | Text. | Click here to enter text. | XX hours. |
| Click here to enter text. | Text. | Click here to enter text. | XX hours. |
| Click here to enter text. | Text. | Click here to enter text. | XX hours. |
| Click here to enter text. | Text. | Click here to enter text. | XX hours |

***\*Codes:******G:*** *Government school* ***C:*** *Catholic school* ***I:*** *Independent school* ***O:*** *Own building*

|  |  |  |
| --- | --- | --- |
| 2. Student attendance  Attach a copy of your student attendance list in English. | | |
| Year level | **Number of classes held during the year** | **Average number of students in each class** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| 3. Term dates | | |
| Term | **From date:** | **To date:** |
| Term 1 | Click here to enter text. | Click here to enter text. |
| Term 2 | Click here to enter text. | Click here to enter text. |
| Term 3 | Click here to enter text. | Click here to enter text. |
| Term 4 | Click here to enter text. | Click here to enter text. |

**School report summary**

**Provide a brief overview of language program outcomes, school activities, highlights, issues, lessons learned and any significant events that occurred during the year.**

Click here to enter text.

## Financial Statement

Use the table below to show the income that supported your activities, the sources of funding and how it was spent. It is important to detail what items the OMI grant was allocated to.

Include your organisation’s donations, school fees and ‘in-kind’ contributions.

**Do not include GST in your reporting.**

|  |  |
| --- | --- |
| **Grant amount:** | **$** Enter text. |
| **Total activity amount:** | **$** Enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (1)  Expenditure Items (i.e. what the money was spent on.) | (2)  This Grant Amount  ($) (ex. GST) | (3)  Other Funding Amount  ($) (ex. GST) | (4)  In-Kind Support - Provide the dollar value of the in-kind support ($) | (5)  Source of Other Funding or  In-kind Support. |
| *Example only:*  *Printing and Photocopying* | *$2000* |  | *$1000* | *Local Government* |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
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| Total: | Enter text. | Enter text. | Enter text. |  |

## Declaration

This declaration is made by the grant recipient:

* I declare that I am currently authorised\* to sign legal documents on behalf of the organisation.
* I declare that all the information provided is true and correct.
* I declare that the grant provided by OMI has been spent in accordance with the purpose and conditions for which it was approved and that the financial statements are a true and fair record of the transactions for this project.
* I declare that the appropriate permissions have been obtained to allow OMI a perpetual, irrevocable, worldwide, royalty-free licence to use the images supplied as part of this report for the purpose of promoting OMI’s programs and its policies or for any other printed or digital publication or material including but not limited to promotional videos, online newsletters, social media and website content issued by OMI.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the organisation: | Click here to enter text. | | |
| Postal address: | Click here to enter text. | | |
| Suburb: | Click here to enter text. | Postcode: | Enter text. |
| Legally authorised officer name: | Click here to enter text. | | |
| Legally authorised officer position: | Click here to enter text. | | |
| Legally authorised officer email: | Click here to enter text. | | |
| Legally authorised officer telephone: | Click here to enter text. | | |
| Legally authorised officer signature: | Click here to enter text. | | |
| Date: | Click here to enter text. | | |

## Final Report submission

Submit the final report and supporting material by **email** to **communitylanguages@omi.wa.gov.au**