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| MHCF PROGRAM |

# FINAL REPORT

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| **Conference Name:** | [specify] |
| **Organisation Name:** | [specify] |
| **Contact Person:** | [specify] |
| **Contact Details:** | **Phone:** [specify]  **Email:** [specify] |
|  |  |
| **Conference Date:** | [specify] |
| **Final Report Date:** | [specify] |
|  | |
| **Summary of the Event:** | |
| [specify] | |
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| **Summary of Event outcomes, and plans for sharing or disseminating this information:** | | |
| [specify] | | |
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| **Summary of mental health consumer and carer participation in Event planning, delivery and evaluation, including but not limited to:**   1. **Number of consumers/carer involved;** 2. **How consumers/carers were involved;** 3. **Strategies employed to promote Event to consumers/carers;** 4. **Strategies employed to support consumer/carer involvement, and;** 5. **Challenges or lessons learnt.** | | |
| [specify] | | |
| **Summary of any issues or difficulties encountered:** | | |
| [specify] | | |
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| **Other information [optional]:** | | |
| [specify] | | |
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| **Financial Documentation [please provide the following]:** | | |
| **Itemised expenditure of MHCF Program grant funds:** | | 🞎 |
| **Financial Statement/Declaration:** | |  |
| 1. **A copy of a report prepared by a Qualified Accountant as per Clause 11.3 of the Agreement;**   **OR;** | | 🞎 |
| 1. **Copies of receipts accounting for grant fund expenditure, and a supporting Statement as per Clause 11.3 of the Agreement:** | | 🞎 |
| **A final invoice** | | 🞎 |
|  | | |
| **Other attachments [optional]:** | | |
| **(i.e. conference program, promotional material)** | Attached | |
|  | Attached | |