**Correspondence**: Chief Executive Officer **Website:** [www.mountisa.qld.gov.au](http://www.mountisa.qld.gov.au) **ABN:** 48 701 425 059

PO Box 815 MOUNT ISA QLD 4825 **P** (07) 4747 3200

**Street Address:** 23 West Street Mount Isa **E-mail:** city@mountisa.qld.gov.au **F** (07) 4747 3209

|  |
| --- |
| **OFFICE USE** |
| **Organisation** |  |
| **Amount** |  |
| **Year/Round #** |  |
| **Doc ID** |  |

**Check List**

**![C:\Documents and Settings\merlitap\Local Settings\Temporary Internet Files\Content.IE5\F1B1UO8C\MC900441311[1].png]() Please ensure the following are attached to your acquittal:**

**![C:\Documents and Settings\merlitap\Local Settings\Temporary Internet Files\Content.IE5\F1B1UO8C\MC900441311[1].png]()**[ ]  Copies of all invoices paid by organisation

**![C:\Documents and Settings\merlitap\Local Settings\Temporary Internet Files\Content.IE5\F1B1UO8C\MC900441311[1].png]()**[ ]  Photographs of the event/project *(please supply the highest resolution on CD or DVD)*

**![C:\Documents and Settings\merlitap\Local Settings\Temporary Internet Files\Content.IE5\F1B1UO8C\MC900441311[1].png]()**[ ]  Copies of media coverage *(i.e. newspaper, publication clippings, newsletters etc)*

**![C:\Documents and Settings\merlitap\Local Settings\Temporary Internet Files\Content.IE5\F1B1UO8C\MC900441311[1].png]()**[ ]  Copies of all promotional methods where applicable

[ ]  Evidence of recognition/acknowledgment of Council contribution

**Acquittal Reports should be returned to**:

Chief Executive Officer

Mount Isa City Council

PO Box 815

MOUNT ISA QLD 4825`

|  |  |  |
| --- | --- | --- |
| **ABOUT YOUR ACQUITTAL REPORT** |  | The Mount Isa City Council Community Grants Program requires all grant recipients to complete an Acquittal Report no later than 6 weeks after completion of the project. It is a set condition of receiving a grant through the Community Grants Program and is a formal stage of the funding cycle. The Acquittal Report is how you account for the activities completed through the project utilising the grants funds.The information requested by this Acquittal Report aims to identify what you achieved and what you have learned in the process of implementing your project. This information will be used to shape future grant making and report to various stakeholders on the achievements accrued through the Community Grants Program. Make sure that the information you supply in the Acquittal Report is accurate and respond to every question that relates to your funded activity. **Refer to your original application**It is your responsibility to ensure that all information and amounts recorded on the Acquittal Report and other related documents are accurate and can be accounted for. It is recommended that you refer to a copy of the original application you sent to Council in order to fill out your Acquittal Report.**Help is available**If you have any questions on how to complete this Acquittal Report or the transactions paid on your behalf by Council, contact Council for assistance.**Contact Details**Community Development Officer **P** 07 4747 3200**F** 07 4747 3209 |

**Section A**

**Details of your organisation**

**1. Name of Organisation**

|  |
| --- |
| Click here to enter text. |

**2. Address**

|  |  |  |  |
| --- | --- | --- | --- |
| Address | Click here to enter text. | Postal Address  | Click here to enter text. |
| Suburb | Click here to enter text. | Suburb | Click here to enter text. |
| State | Click here to enter text. | State | Click here to enter text. |

**3. Who is the contact for this Report?**

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

**Section B**

**Project Details**

**4. Name of project/event**

|  |
| --- |
| Click here to enter text. |

**5. Location of project/event**

|  |
| --- |
| Click here to enter text. |

|  |  |
| --- | --- |
| Grant Amount Received | $Click here to enter text. |
| Total Project/Event Budget | $Click here to enter text. |
| Date Commenced | Click here to enter a date. |
| Date Completed | Click here to enter a date. |

**6. Briefly describe your project/event.**

|  |
| --- |
| Click here to enter text. |

**7. Where did the event take place?**

|  |
| --- |
| Click here to enter text. |

**8. What were the objectives of the project/event?**

|  |
| --- |
| Click here to enter text. |

**9. Were these objectives achieved? How?**

|  |
| --- |
| Click here to enter text. |

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**10. Promotional methods used** *(please attach any promotional material to this form)*

[ ]  Newspaper [ ]  Radio [ ]  Television [ ]  Newsletters

[ ]  Facebook [ ]  Twitter [ ]  You Tube [ ]  Website - Click here to enter text.

[ ]  Other - Click here to enter text.

**11. Please provide details of the completed project/event including any media coverage you received.**

|  |
| --- |
| Click here to enter text. |

**12. How have you acknowledged Council’s contribution to the project/event?** *(please attach any evidence to this form)*

|  |
| --- |
| Click here to enter text. |

**Section C**

**Financial Details**

**Please provide final budget of project/event.**

**Note:** *All figures are to be calculated on* ***inc. GST*** *basis. You may attach a separate project budget if insufficient space below.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Expenditure(Expenditure is the total cost of the project) | Total | Community Grant |  | Income(Money generating to cover the total cost of the project. This includes in-kind contribution and the total grant amount) |
| A. Materials |  |  | F. Cash in Hand |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | Subtotal F | $ |
|  |  |  |  |
|  |  |  | G. Donated Materials & Equipment |
| Subtotal A | $ | $ |  |  |
|  |  |  |
| B. Equipment |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal B | $ | $ | Subtotal G | $ |
|  |  |
| C. Labour Hire |  |  | H. Labour in Kind |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal C | $ | $ | Subtotal H | $ |
|  |  |
| D. Other Expenses |  |  | I. Other Income (sponsorship, donations, fundraisings) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal D | $ | $ | Subtotal I | $ |
|  |
| E Total Community Grant Amount(transfer this figure to Subtotal K) | $ | J. Subtotal (F+G+H+I) |  |
|  |
|  |  | K. Community Grant Amount (transferred from E) | $ |
|  |
| TOTAL EXPENSES(A+B+C+D) Not E ((Must equal Total Income) | $ | TOTAL INCOME(J+K) (Must equal Total Expenses) | $ |

**Section D**

**Endorsement**

I certify that to the best of my knowledge, information detailed in this report (and relevant attachments) is true and correct. I understand that I may need to provide Mount Isa City Council with additional information on the funded project/event if requested.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) Signature

Position: Click here to enter text.

Date: Click here to enter a date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness (please print) Signature

Date: Click here to enter a date.

This report to the Community Grants Program is a permanent record of what you achieved and what you have learned in the process of implementing your project. The information you provide here will be used to shape future grant making and report to various stakeholders on the achievements accrued through the Community Grants Program.

This report will also be used to assess the performance of your organisation in implementing a project funded by the Community Grants Program, and to add to our knowledge about promising practices and lessons learned to consider in the ongoing development of our program.

**Please mail a signed copy to:** Chief Executive Officer

Mount Isa City Council

PO Box 815

MOUNT ISA QLD 4825

**E-mail to:** city@mountisa.qld.gov.au

**Subject heading:** Community Grants Program Acquittal