**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]()![C:\Documents and Settings\merlitap\Local Settings\Temporary Internet Files\Content.IE5\F1B1UO8C\MC900441311[1].png]()**

[ ]  Copies of all invoices paid by organisation relevant to sponsorship received

[ ]  Photographs of the event ***(please supply the highest resolution on CD / DVD / USB).***

**![C:\Documents and Settings\merlitap\Local Settings\Temporary Internet Files\Content.IE5\F1B1UO8C\MC900441311[1].png]()**Photographs can be e-mailed if less than seven (7).

[ ]  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 and Sponsorship 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 sponsorship 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 & Sponsorship 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 Mount Isa City Council’s Community Engagement Officer 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**

**Event Details**

**4. Name of event**

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

**5. Location of event**

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

|  |  |
| --- | --- |
| Sponsorship Amount Recieved | $Click here to enter text. |
| Total Event Budget | $Click here to enter text. |
| Date Commenced | Click here to enter a date. |
| Completion Date | Click here to enter a date. |

**6. How did the Mount Isa community benefit from this event?**

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

**7. Event details**

|  |  |
| --- | --- |
| Actual total attendance | Click here to enter text. |
| Actual volunteers | Click here to enter text.  |

**8. How were the sponsorship funds used?**

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

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

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

**Section C**

**Financial Details**

**Please provide final budget of event.**

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

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

**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 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 Sponsorship 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 Sponsorship Program.

This report will also be used to assess the performance of your organisation in implementing a project funded by the Sponsorship 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:** Sponsorship Program Acquittal