**COMMUNITY DROUGHT SUPPORT PACKAGE ACQUITTAL FORM 2018**

***For amounts from $1,000.00 to $5,000.00***

**Important Information about your Community Drought Support Package Acquittal:**

* Please ask Council for assistance if you are unsure about how to complete any part of this report
* This is a legal document. It is your responsibility to ensure that all amounts and information recorded on this form and other related documents are accurate and can be justified.
* Acquittal reports must be submitted within 28 days after the activity. Further funds will not be given until acquittal reports are received.

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| **Applicant Details** | | | |
| **Organisation Name:** |  | | |
| **Event Name:** |  | | |
| **Event Date:** |  | | |
| **Contact Person:** |  | | |
| **Postal Address:** |  | | |
| **Phone (W):** |  | **Phone (H):** |  |
| **Mobile:** |  | **Fax:** |  |
| **Email:** |  | | |
| **Preferred Contact Method:** | **Phone  Mail  Email** | | |
| **Information Required** | | | |
| **Numbers Attended the Event:** | Attendees        Volunteers | | |
| **Description how your event / activity promoted connectedness, social wellbeing within the community:** |  | | |
| **Describe how your event provided access to support services for drought affected community members:** |  | | |
| **Please include any qualitative information (i.e. survey feedback, verbal discussions) relating to the difference this funding has made for community members.** |  | | |
| **Describe how the funding was spent:**  Copies of invoices relating to the event must be attached |  | | |
| **The funds were used to:** | top up the budget of an existing project  fund a new project/event | | |
| **The project involved:** | community event/s or function/s  community education events  establishment of community support groups | | |
| **Attachments:** | **Please attach the following:**  Copies of invoices funds has covered  Any local marketing or media for good news stories | | |

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| **Declaration** | | | |
| **This Declaration requires the signature of the applicant or representative of the applicant.**  I certify that I am authorised by the applicant to prepare and submit this acquittal for Flinders Shire Council’s Community Drought Support Package. I have read the guidelines relating to the funds and certify that to the best of my knowledge the information provided in this form is correct and disclose full and accurate information of income, expenditure and activities proposed by the applicant.  **Contact Name of Responsible Person:**  **Position within group / organisation:**  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:**  **Witness Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** | | | |
| **Privacy Collection Notice** | *Flinders Shire Council is collecting your name, residential address and telephone number in accordance with the Local Government Act 2009 in order to process your application. The information will only be accessed by employees and/or Councillors of Flinders Shire Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.* | | |
| **Office Use Only** | | | |
| **Name of Officer receiving Request:** |  | | |
| **Signature:** | **Date:** | | |
| **Acquittal Result:** | **Successful Unsuccessful** | | |
| **Response Letter Doc No.:** |  | **Date of Letter:** |  |
| **Responsible Officer Name:** |  | | |
| **Signature:** |  | | |