

## Acquittal Form 03

**PRIVACY NOTICE**: SOUTH BURNETT REGIONAL COUNCIL IS COLLECTING THE PERSONAL INFORMATION YOU SUPPLY ON THIS FORM FOR THE PURPOSE OF THE COMMUNITY GRANTS PRGRAM. YOUR PERSONAL DETAILS ARE HANDLED IN ACCORDANCE WITH THE *INFORMATION PRIVACY ACT 2009* AND WILL NOT BE DISCLOSED TO ANY OTHER PERSON OR AGENCY EXTERNAL TO COUNCIL WITHOUT YOUR CONSENT, UNLESS REQUIRED OR AUTHORISED BY LAW.

Organisation			
Postal Address			
Contact person for the purposes of this application			
Position in Organisation			
Contact numbers	Phone (Business Hours)	Mobile	Fax
Email Address			
What In-Kind Assistance did you receive?			
Date project completed			
Project Outcome Report Describe the project and its results in detail.			
Please attach supporting documentation if applicable.			

How was the grant acknowledged? Describe how the Council support was acknowledged Attach copies of media coverage, printed material and photographs of signage			
Certification	To be signed by the Chair or Chief Executive of the Organisation.  I certify to the best of my knowledge that the statements, information, details and financial reports made in this report are true and correct.  Name:  Executive Position Held:		
	Signature:		Date:
	Witness Si	gnature:	Date:
Lodgement Acquittals must be submitted within 6 weeks of the funded project being completed	Post to:	South Burnett Regional Council PO Box 336 KINGAROY QLD 4610	
	Deliver to:	Any South Burnett Regional Council Customer Service Centres	
	Fax to:	(07) 4162 4806	
	Email to:	Info@southburnett.qld.gov.au	
	Please contact Social & Corporate Performance Branch, on (07) 4189 9100 for any further details		
Attachments List any attachments	1.		
	2.		
	3.		