

## Community Grants Acquittal

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|                                                                                                                                    |          |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|
| Applicant full name                                                                                                                |          |                                                          |
| Name of Guardian<br>(if under 18 years of age)                                                                                     |          |                                                          |
| Postal address                                                                                                                     |          |                                                          |
| Contact phone                                                                                                                      |          |                                                          |
| Email                                                                                                                              |          |                                                          |
| <b>Description Of Event/Competition</b>                                                                                            |          |                                                          |
|                                                                                                                                    |          |                                                          |
| <b>Total Participation Cost</b>                                                                                                    | \$       |                                                          |
| <b>Grant</b>                                                                                                                       | Approved | Spent                                                    |
|                                                                                                                                    | \$       | \$                                                       |
| <b>Date Event/Competition completed</b>                                                                                            |          |                                                          |
| <b>Attach receipts (showing funds have been fully expended)</b>                                                                    |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Event/Competition outcome report</b>                                                                                            |          |                                                          |
| Describe your participation in the event/competition.                                                                              |          |                                                          |
| <b>How was the grant acknowledged?</b>                                                                                             |          |                                                          |
| Describe how the Council support was acknowledged (attach copies of media coverage, printed material, and photographs of signage): |          |                                                          |

| Certification                                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| To be signed by the applicant or guardian (if under 18 years)                                                                                                                                                                                 |  |
| <input type="checkbox"/> I certify to the best of my knowledge that the statements, information, details, and financial reports made in this report are true and correct.                                                                     |  |
| Date                                                                                                                                                                                                                                          |  |
| Full name                                                                                                                                                                                                                                     |  |
| Signature                                                                                                                                                                                                                                     |  |
| Witness                                                                                                                                                                                                                                       |  |
| Date                                                                                                                                                                                                                                          |  |
| Full name                                                                                                                                                                                                                                     |  |
| Signature                                                                                                                                                                                                                                     |  |
| Attachments                                                                                                                                                                                                                                   |  |
| List any attachments                                                                                                                                                                                                                          |  |
| <div>1.</div> <div>2.</div> <div>3.</div> <div>4.</div>                                                                                                                                                                                       |  |
| Lodgement of application                                                                                                                                                                                                                      |  |
| <p>Return completed form to the following address, or email <a href="mailto:info@sbrc.qld.gov.au">info@sbrc.qld.gov.au</a> for enquiries, contact (07) 4189 9100.</p> <p>South Burnett Regional Council<br/>PO Box 336, Kingaroy Qld 4610</p> |  |