ACQUITTAL REPORT

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Activity/Event |  | Financial Year |  |
| Applicant Organisation |  | | |
| Purpose of the Grant |  | | |
| Total Amount of Approved Grant |  | GST Amount (if applicable) |  |
| Contact Name |  | | |
| Postal Address |  | | |
| Email Contact |  | | |
| Phone Contact |  | Fax Number |  |

**YOUR ORGANISATION’S OBLIGATIONS**

## Every Grant Recipient is required to provide a Grant Acquittal Report which demonstrates that the organisation has met all obligations in respect of discharging the grant in accordance with the Terms and Conditions of the signed Agreement.

Failure to complete all requirements in accordance with the signed Agreement or return of the Grant Acquittal Report and supporting documentation within the agree timeframe may result in a demand for repayment of the grant and render the responsible organisation ineligible for consideration for any further grants.

**Financial Acquittal**

the following are required for the Financial Acquittal of the Grant:

(i) **A completed acquittal form** which provides certification by an office bearer that funds have been used for the agreed purpose of this funding; and

(ii) **A written report detailing the results of the project** (to assist in determining the success of the project, issues encountered and planning for future activities); and

(iii) **Provide** a statement of income and expenditure including copies of associated invoices/receipts.

**Certification by Authorised Officer**

This certification must be completed by the Accountable Officer, Public Officer, President, Chairperson or other Officer.

I hereby certify that the Grant Fund has been used for the purpose for which it was provided in accordance with the Terms and Conditions of the Agreement.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_

Position \_

Phone Date / /

**SUBMISSION OF GRANT ACQUITTAL REPORT**

The completed Acquittal Report should be emailed, faxed, posted or delivered to:

**Sinead Te Wake**

**Events Coordinator   
Katherine Town Council   
PO Box 1071 Katherine NT 0851**

**24 Stuart Highway, Katherine NT 0850**

**Phone: 08 8972 5500  
Email:** [Sinead.tewake@ktc.nt.gov.au](mailto:Sinead.tewake@ktc.nt.gov.au)

**Activity / Event Summary**

Please provide a summary of the activity:

Please provide details of variations to the funded project and rationale behind it (if applicable)

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| --- |
|  |

Please list outcomes / achievements / benefits of the funded project:

|  |
| --- |
|  |

**Please provide supporting images of the activity/event/project along with copies of any advertising/promotional material acknowledging Katherine Town Council’s Contribution.**