Regional Community Event Sponsorship Acquittal Report

Community Assistance Program



Privacy Notice: Council deals with personal information in accordance with law, including the *Information Privacy Act 2009*. Program funding details will be published by Council and summarised in Council's annual report.

This form is to be completed by funding recipients reporting expenditure of Regional Community Event Sponsorships.

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Applicant Details		
Organisation name:		
Contact name:		
Postal address:		
Preferred contact number:	Email:	
Event title:		
Event Outcome		
Describe how the event objectives were met and outcomes measured, including any feedback from participants:		
Were event budget costs calculated correctly? If not, please explain why:		
Is there anything that could have been done differently? (Far or	ample actoring and venue advortiging etc.)	
Is there anything that could have been done differently? (For example, catering, cost, venue, advertising, etc.)		
Participation		
Participation Please detail the number of participants in the event, including	a any out of town visitors (where people) include breakdowns of age	
ranges, postcodes and target groups identified in your application):	g any out of town visitors (where possible include breakdowns of age	

Actual Event Revenue and Expenditure			
Income		Expenditure	
Please list all event related amounts:	\$ value	Please list all event related costs:	\$ value
Council sponsorship:			
Other – please detail:			
Total Income:	\$	Total Expenditure:	\$
How will any unspent funds be used?			
Supporting Documentation			
Copies of the following must be supplied:			
 Receipts for expenditure; Evidence of Council acknowledgement (for example, print media coverage, publications, articles, speech notes, brochures etc); and 			
□ Photo/s of completed event (maximum of three).			
Declaration			
I submit this form with the relevant supporting documentation as required. I declare that the details are true and correct and that all conditions of the funding agreement have been complied with.			
Name:		Signature:	
Position in organisation:		Date:	