



# GRANT ACQUITTAL REGIONAL EVENT GRANT FORM 116C

Date stamp

## 1. GRANT DETAILS

Your acquittal form must be received by the Shire of Dardanup within 1 month of your event completion.

Please indicate your category type:

Grant Amount Received

Funding Round/Year

## 2. GRANT RECIPIENT DETAILS

Recipient / Organisation Name

Postal Address

Name of Contact Person & Position

Email

Mobile

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Project / Event Name

## 3. AIMS

Did your event achieve the following?

- Results in an economic impact to the Shire by way of increasing visitor numbers and expenditure.
- Attracts media coverage that raises the profile of the region as a tourist destination.
- Involves and inspires the local community.
- Improves the vibrancy and vitality of the Shire of Dardanup.
- Supports job creation.
- Highlights and profiles the unique features of the place and/or Shire.

Include reference to the Shire of Dardanup *Strategic Community Plan* as per your application:

## 4. PARTICIPANTS

How many people were involved in your project / event and who were they?



**6. PROJECT / EVENT BUDGET**

**EXPENDITURE**

Amount

	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Expenditure</b>	\$

**INCOME**

Amount

Shire of Dardanup financial assistance	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Income</b>	\$

Have you spent all the grant money?

Yes

No, please provide balance remaining below:

\$

This amount is to be returned to the Shire of Dardanup  
(please attach a cheque payable to the Shire of Dardanup)

**YOU MUST INCLUDE WITH ACQUITTAL FORM:**

- Copies of receipts relevant to your expenditure for the project / event.
- Any relevant materials such as promotional flyers, advertising, newsletters and photos should also be attached.

**7. DECLARATION**

I, the undersigned, certify that I have been authorised to submit this acquittal, and that the information contained herein and attached is to the best of my knowledge true and correct.

Applicant/Organisation Name

Contact Person (if not Applicant)

Position

Signature

Date

**8. RETURN FORM**

Shire of Dardanup  
1 Council Drive/PO Box 7016  
EATON WA 6232

Phone: (08) 9724 00000 Fax: (08) 9724 0091  
Email: [records@dardanup.wa.gov.au](mailto:records@dardanup.wa.gov.au)