**Community & Events Funding Acquittal Form**

Please complete this form within 60 days of completion of your activity or event.

If you have any queries about completing the form, please contact the Kimberley Mineral Sands Community Team on 1300 336725 or [community@kmsands.com.au](mailto:community@kmsands.com.au).

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| **Organisation Details** | |
| **Organisation Name** |  |
| **Postal Address** |  |

|  |  |
| --- | --- |
| **Contact Details** | |
| **Name** |  |
| **Position** |  |
| **Email** |  |
| **Phone** |  |

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| **Project / Activity Details** |
| What was the purpose of the event or project and was it achieved? |
| What were the key outcomes of your event or project? |
| How many people in the community benefitted from the project or attended the event? |

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| **Sponsor Benefits / Acknowledgement** |
| Please outline how Kimberley Mineral Sands’ contribution was acknowledged. |
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| **Budget & Cost Information** | | |
| INCOME *(outline money received)* | BUDGET ($) | ACTUAL ($) |
| KMS Grant |  |  |
| Other Grants |  |  |
| Other |  |  |
| Other |  |  |
| **TOTAL INCOME** |  |  |
|  | | |
| EXPENDITURE *(outline expenses)* |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL EXPENDITURE** |  |  |
| **SURPLUS / DEFICIT\*** |  |  |

*\* If you have any surplus funds, please contact us prior to the submission of this acquittal report*

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| **Declaration** |

I declare that the grant funding of $      has been spent in accordance with the purpose and conditions for which it was granted and that the financial statements are a true and fair record of the transactions for this project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Name** |  |
| **Position** |  | **Date** |  |

Please email your completed form to [community@kmsands.com.au](mailto:community@kmsands.com.au).