# **Business Support Grants 2023/24**

# Acquittal Form

Please submit this form to the Shire of Quairading after your Project’s completion. Your Project should be completed within 12 months of receiving funding. If you require a variation to this, please contact us.

Please include:

(a) Copies of all receipts or invoices pertaining to your use of grant funds

(b) Any relevant photos as evidence that the project, activity or event took place

(c) Copies of any media, promotional or publicity material your project may have generated

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| **Post** | **Email (preferred)**  | **In Person** |
| Business Support GrantsShire of QuairadingPO Box 38QUAIRADING WA 6383 | chloe.nella@quairading.wa.gov.au | Shire of QuairadingAdministration Centre10 Jennaberring RoadQuairading |

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| Organisation Information |
| Organisation Name |       |
| Contact Person |       |
| Position |       |
| Postal Address |       |
| Phone |       | **Email** |       |
| Project / Event Title |       |

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| Project Information |
| Please provide a brief description of your project or event: (Please include any relevant photos as evidence that the project, activity or event took place)*Click or tap here to enter text.* |
| List the social and/or economic benefits your project brought to your Business and the local Quairading community.*Click or tap here to enter text.* |
| How did you acknowledge the support received from the Shire of Quairading?(Please include copies of any promotional materials or media reports that you used when publicising your project or event)*Click or tap here to enter text.* |

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| Project Expenditure |  |
| Description | **Funding amount** **CASH****(ex GST)** | **Funding amount** **IN-KIND****(ex GST)** | **TOTAL** |
| Shire of Quairading – Grant | **$**       | **$**       | **$**       |
| Club / Organisation | **$**       | **$**       | **$**       |
| Other External Funding (Grants / Loans / Donations) | **$**       | **$**       | **$**       |
| Total | **$**       | **$**       | **$**       |

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| **ITEMISED STATEMENT OF EXPENDITURE** |

**Please itemise how you spent funds from the Shire of Quairading Business Support Grants Program.
You must attach copies of all receipts or invoices referred to in this statement as proof of payment.**

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| **DATE** | **PAID TO WHOM** | **ITEM OR PURPOSE** | **AMOUNT (ex GST)** | **GST paid** | **TOTAL COST****(incl GST)** |
|        |       |        |        |        |       |
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| **TOTAL GRANT FUNDS EXPENDED** |       |       |       |

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| Declaration |
| I declare:1. That I am authorized to act on behalf of the group named on this acquittal report;
2. That the project details and financial information included are correct and complete; and
3. That they provide a true and accurate reflection of the project to which the grant funding was directed.
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| Signature |  |
| Name | *Click or tap here to enter text.* |
| Date | *Click or tap here to enter text.* |