

Community Sporting Groups Capital Works Assistance Certification and Acquittal Form 2018/19

Lodge Applications at Ballina Shire Council • 40 Cherry Street • Ballina (Mon-Fri 8.15 am to 4.30 pm)
mail PO Box 450 Ballina 2478 • **t** 1300 864 444 • **w** ballina.nsw.gov.au • **abn** 53 929 887 369



Generally Council will pay approved donations at the completion of the work following provision of receipts and completion of this Acquittal Form. Council may make payment of the donation prior to completion of the works where this is essential, Please contact Council if this is the case.

Recipient Details

Name of Organisation	<input type="text"/>
Project Description (purpose of donation)	<input type="text"/>
Statement of Outcomes (what has been achieved)	<input type="text"/>

Total Council Donation	<input type="text" value="\$"/>	Total Value of Project	<input type="text" value="\$"/>	Date Project Completed	<input type="text"/>
------------------------	---------------------------------	------------------------	---------------------------------	------------------------	----------------------

Certification

We the undersigned confirm that the amount donated by Ballina Shire Council to the recipient has been expended for the purpose described above. Please find attached copies of our organisation's:

<input type="checkbox"/>	Attached receipts for total value of project	<input type="checkbox"/>	Attached summary of in-kind (labour* only included at tradesman levels)
--------------------------	--	--------------------------	---

*excludes attendance at meetings to organise project.

Name	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Phone	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>

Payment Details

Please forward Council's donation to our organisation by: Cheque Direct Deposit (fill in bank details below)

Account Name	<input type="text"/>	Account No.	<input type="text"/>	BSB	<input type="text"/>
--------------	----------------------	-------------	----------------------	-----	----------------------

SUBMIT