

Festivals and Events Subsidised Program Acquittal Report



Lodge Applications at Ballina Shire Council 40 Cherry Street Ballina (Mon–Fri 8.15am to 4.30pm)
mail PO Box 450 Ballina 2478 • **f** 02 6681 1375 • **e** council@ballina.nsw.gov.au
t #64 444 • **w** ballina.nsw.gov.au • **abn** 53 929 887 369

This Acquittal Report is a written overview of your event outcomes including the statistical and financial information. This information assists Ballina Shire Council to evaluate its financial investment and provides information that will assist your organisation and Council in future tourism and marketing plans.

Please return this completed Acquittal Report to Council **within 6 weeks of the event's completion**.

Future funding support may be declined if previous events are not acquitted. Non acquittal could also jeopardise the remaining payment of your approved funding total.

If you are having difficulties meeting the acquittal deadline or need assistance, please contact the General Manager's Group on #64 444 and discuss the circumstances.

Applicant Details

Organisation Name	<input type="text"/>		
Event Name	<input type="text"/>	Event Date	<input type="text"/>
Contact Person	<input type="text"/>	Position	<input type="text"/>
Address	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

Event Details

1. Provide a brief description of your event

(this may be used by Council for any internal and external documents or promotions)

2. How many people attended your event?

3. How did the event contribute to or benefit the local community?

Please provide evidence eg promoted a particular community partnership, raised funds for a local organization, involved local community groups.

4. Please outline your key performance indicators and how well you achieved them.

5. Give details of any other information not covered above, including any unexpected outcomes.

These may be positive or negative outcomes that may assist in guiding future events.

6. Provide details of all media coverage and/or promotional material produced.

Where you are able, please enclose copies of printed material and media coverage with your report. Please separate paid advertising from free editorial/news coverage.

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7. Financial Report

Income	
Description	Cash \$
Applicants contribution	
Ballina Shire Council support	
Grants	
Sponsorship	
Ticket Sales	
Merchandise	
Other	
Total Income	

Expenditure		
Description	Council Funding \$	Cash \$
Insurance		
Entertainment (rides and activities)		
Infrastructure (stage/marquee/decorations)		
Waste management and toilets		
Venue Hire		
Catering		
Marketing and promotion		
Salaries		
Approvals		
Administration		
Other		
Total Expenditure		

8. In Kind Support

These are non-cash items, where people volunteer their time or offer services of products to help present your event. The in kind support is not a cash item and therefore is not treated as an Income and Expense item. However, we suggest that an hourly rate of \$20 be used for each volunteer who contributed time and the commercial rate normally charged for goods and services received in kind.

In-Kind Support Contribution	Tasks/Service/Produce Provided	Value \$
Total \$		

9. What plans do you have to further develop and grow your event?

10. Please give details of possible new revenue streams for your event in the future.

11. Did you apply to any other external agencies for funding for your event?

Yes

No

If yes, please give details of any successful or unsuccessful funding applications.

Declaration

I/we certify that, to the best of my/our knowledge, all the information in this Acquittal Report is correct.

I/we grant permission for Ballina Shire Council to include details provided in this report in any relevant publications and/or reports.

I/we grant permission for Ballina Shire Council to include the enclosed photographs in any Council publications and/or reports.

I/we further declare that this report has been submitted with the full knowledge and agreement of the management of the group/organisation and that I/we have the delegated authority to sign this document.

Name

Position/Title

Signature

Date

SUBMIT FORM