Sample Events Acquittal Report

The completion and submission of Acquittal Reports must be performed through SmartyGrants. The online form will be attached to the original application and can be accessed by the applicant user logging in at <https://maq.smartygrants.com.au/applicant>

Section A: Event Details

\* indicates a required field

This form is designed to help us understand the challenges, triumphs and insights you experienced and gained while delivering your funded event. Please be as accurate as possible – while we absolutely want to know about and celebrate your successes, it's just important to us that we understand what did not work so well. This will help us to learn what we and others could do differently next time.

* You must complete and submit this form **by the due date**.
* If you are unable to submit your report by the due date, please email Multicultural Affairs Queensland at**funding@maq.qld.gov.au**.
* If the report is not submitted, any further payments that may be due to you will be withheld, and your organisation will be ineligible for any future funding.
* Continual breaches of the funding conditions, which includes the late submission of acquittal reports, will affect your eligibility for future funding.

Responses to questions are required in the form questions and cannot be submitted as attachments. Only additional supporting materials can be submitted as attachments.

**Start date of the event \***

This question is read only.

**End date of the event \***

This question is read only.

**Venue name**

**\***

**\***

This question is read only.

If this is not correct, select "No" --->

If the information is not correct, select "No" and you can provide the new details down below

**Street address**Address

This question is read only.

If this is not correct, select "No" --->

**Additional location(s)**

If the details are not correct or the activity is cancelled, select ***'No'*** and you can provide the correct details and any additional locations in a new table below.

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**Activity Title**

**Start date End date Expected**

**Attendance**

**Venue Street Are these**

**address details**

**correct?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
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| This question is read only. | This question is read only. | This question is read only. | This question is read only. | This question is read only. | This question is read only. |
 |

**Organisations are legally required to immediately advise the department, in writing, of any proposed changes to the funded event, including changes to the title, dates, activities, locations, or cancellations to the event or project. The organisation must receive approval from the department before any changes can be implemented.**

**Provide a detailed explanation on why the event dates or location were required to be changed \***

Event Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activities at the event** |
 |
 | **\*** |
 |
| ☐ Welcome to Country from | ☐ | Cultural music performances | ○ | Yes |
| Aboriginal or Torres Strait Islander representatives |
 |
 | ○ | No |
| ☐ Acknowledgement of Country | ☐ | Cultural song performances |
 |
 |
| ☐ Art and craft workshops | ☐ | Cultural storytelling |
 |
 |
| ☐ Children's activities | ☐ | Musical instrument workshops |
 |
 |
| ☐ Children's rides | ☐ | Parade |
 |
 |
| ☐ Citizenship ceremony | ☐ | Speeches from guest speakers |
 |
 |
| ☐ Cooking demonstrations and workshops | ☐ | Sports and games |
 |
 |
| ☐ Cultural art and craft exhibits | ☐ | Stalls - Arts and crafts |
 |
 |
| ☐ Cultural dance performances | ☐ | Stalls - Information & education |
 |
 |
| ☐ Cultural dance workshops | ☐ | Stalls - Service providers |
 |
 |
| ☐ Cultural food | ☐ | Other (please specify below) |
 |
 |

This question is read only.

Additional event activities

**Additional activities at the event**

This question is read only.

**Were all of the above additional activities delivered at the event? \***

* Yes ○ No

**What was the actual attendance at the event? \***

Must be a number.

Total number of people who attended the event.

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**Provide any comments relating to the attendance numbers, particularly if the attendance numbers were higher or lower than expected. \***

Word count:

Must be no more than 100 words.

Describe any reasons why the attendance numbers were higher or lower than expected.

**Provide highlights from the event that promoted intercultural connections and inclusion. \***

Word count:

Must be no more than 200 words.

**Describe any issues your organisation faced in planning and delivering the event. \***

Word count:

Must be no more than 200 words.

Outcomes

**These are the outcomes you told us you expected to result from your project.**

Outcomes are the specific changes you hope will occur as a result of the event. They usually describe changes that you hope will occur in the lives of participants and attendees.

Your outcomes should ideally indicate a direction of change

*(reduced*; *increased*; *decreased*; *improved*; etc.*)* in one or more of the following:

* Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)
* Actions, behaviour, change in policy (these are generally intermediate or medium-term outcomes)
* Social, financial, environmental, physical conditions (these are generally long-term outcomes)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your****outcomes** | **Alignment with our outcomes** | **How does your intended outcome link to our outcomes?** | **Progress Describe the****progress you have made** | **Explanatory notes** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What changes do you expect will occur as a result of | Which of our outcomes will your project contribute to? If | Please explain how your intended outcome helps | Have you seen
a shift towards
this outcome? | Briefly describe what kind of shift has occurred and | Add notes if you need to provide more context. |
|
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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | multiple apply pick the most relevant.No more than 1 choice may be selected. | contribute to ours. |  | what evidence you have that a shift has occurred.Must be no more than 100 words. | Must be no more than 100 words. |
|  | your project (e.g. Enhanced physical fitness)? Please be brief. One per row. |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Event Milestones and Key Deliverables

Please tell us about the planning stages you expect to pass through as part of your event preparation. For example: planning; recruitment; evaluation.

Insert **one** milestone per row. Click ***'Add More'*** to include additional rows if you want to list additional milestones.

**Milestone Start date End date Status Explanatory**

**notes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For example: Planning; recruitment; evaluation. One per row.Must be no more than 20 words. | Must be a date. | Must be a date. | What is the status of this milestone? | Must be no more than 100 words. |
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Section B: Resources and Verification

\* indicates a required field

Attachments

Files can be up to 25MB each; however, we recommend keeping files to a **maximum of 5MB.**

**NOTE:** Microsoft Publisher files (.pub) are **not** supported. Please convert to a PDF or Word document.

*Hint: Select multiple files that are similar in content, such as photos or media articles, and upload them together.*

Photographs of Attendance

**Attach photographs showing the event attendance to verify its delivery.**

**NOTE:** The photographs ***must*** show the crowd or audience at the event. The photographs ***must not*** focus on onstage performers. Up to 10 files may be attached per upload. Additional rows can be added

*Images supplied are for the use of administrative purposes only and will not be shared, published or reproduced without further consent.*

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**Photographs of the event attendance**

Hint: Select the photo files that you want to include and upload them together - Max 25mb per file.

Click 'Add More' for additional files.

A maximum of 10 files may be attached.

Event Flyer or Poster

**Attach the flyer or poster for the event.**

**Event Flyer or Poster \***Attach a file:

A maximum of 1 file may be attached.

Event Promotion and Media Coverage

**List and attach promotional materials produced and any media coverage of the event.** Click ***'Add More****'* to include additional rows *if required.*

**Description Attachment**

|  |  |
| --- | --- |
|
 |
 |
| Event Poster, Media release, Promotional video,Newspaper article etc.Must be no more than 6 words. | A maximum of 1 file may be attached per row. Additional rows can be added. |
|
 |

**Supporting online content, such as videos highlighting activities, can be provided here.** Click ***'Add More****'* to include additional rows *if required.*

**Description Web address**

Promotional video, media coverage etc Must be no more than 6 words.

Must be a URL.

Other Supporting Documents

**Other relevant documents demonstrating your achievements can be provided here.** Click ***'Add More****'* to include additional rows *if required.*

**Description Attachment**

Description of document demonstrating your

achievements

Must be no more than 6 words.

A maximum of 1 file may be attached per row. Additional rows can be added.

Section C: Financial Report

\* indicates a required field

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**Before completing this section, ensure you understand the** [**Funding Guidelines for Multicultural Events**](https://www.dcssds.qld.gov.au/cmq-program)**, specifically:**

* *What can CMQ funding be used for?*
* *What can’t CMQ funding be used for?*

**Itemise your event budget in the income and expenditure tables below**, including details of other funding income that you received.

* **Responses are required in the fields below and cannot be submitted as attachments.**
* **Do not use commas in amounts – e.g. type 1000 not 1,000**. This will ensure your figures for each table add up correctly.
* **Insert ‘0’ against items not relevant to your event.**
* **Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns.**
* **List expenses of different categories on separate lines.**
* Click ***'Add More'*** to include additional rows*.*

**Your budget should balance** (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). You will be asked to provide further information if the budget does not balance.

INCOME

**Provide an itemised list of the additional income amounts and the funding source for the event.**

* **Do *not* include the funding you received under the CMQ program.**
* **If funding was received for this event from other sources, it must be included in the table below.**

|  |  |
| --- | --- |
| **CMQ Program funding
provided** | **Amount** |
| $ |
|  | This number/amount is calculated. |

|  |  |  |
| --- | --- | --- |
| **Applicant's cash
contribution** | **Amount \*** |  |
| $ |  |
|  | Category Two events must provide a financial contribution |

Click ***'Add More'*** to include additional rows*.*

**Additional Income Description Amount**

**(Funding Source)**

Applicant's in-kind contribution

Local Government grant

Other Queensland Government

grant

Australian Government grant

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|  |  |  |
| --- | --- | --- |
| Corporate sponsorship
Other (please specify) |
 |
 |
| Applicant's in-kind contributionLocal Government grantOther Queensland GovernmentgrantAustralian Government grantCorporate sponsorshipOther (please specify) |
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 |
| Applicant's in-kind contributionLocal Government grantOther Queensland GovernmentgrantAustralian Government grantCorporate sponsorshipOther (please specify) |
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| Applicant's in-kind contributionLocal Government grantOther Queensland GovernmentgrantAustralian Government grantCorporate sponsorshipOther (please specify) |
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| Applicant's in-kind contributionLocal Government grantOther Queensland GovernmentgrantAustralian Government grantCorporate sponsorshipOther (please specify) |
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| Applicant's in-kind contributionLocal Government grantOther Queensland GovernmentgrantAustralian Government grantCorporate sponsorshipOther (please specify) |
 |
 |
| Additional rows can be added. | Provide the name of the funding program or the corporate sponsor.Must be no more than 10 words. | Insert ‘0’ against items not relevant to your event. |
|
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EXPENDITURE

**Provide an itemised list of the expense items, the amount of CMQ funding allocated to that expense, and the total amount of that expense.**

* **Insert ‘0’ against items not relevant to your event.**
* **Ensure you include the costs of any in-kind contributions.**

**⚠ Goods and Services Tax (GST)**

* If your organisation **IS** registered for GST you must calculate and provide the **GST exclusive** amounts for the expenditure on your event.

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* If your organisation is **NOT** registered for GST you must provide the **GST inclusive** amounts for the expenditure on your event
* If you are a **local government**, you must provide the **GST inclusive** amounts for the expenditure.

For advice on GST, the applicant is advised to seek independent professional advice on taxation obligations or seek assistance from the ATO on 13 28 69 or via its website at [www.ato.gov.au](http://www.ato.gov.au/). Multicultural Affairs is unable to provide advice on the applicant’s particular taxation circumstances.

**Non-recurrent Salaries, Wages & On-costs**

Non-recurrent Salaries, Wages & On-costs for short-term or casual workers for the purpose of the event delivery.***Capped at 50% of the CMQ program funding.***

Click ***'Add More****'* to include additional rows *if required.*

**Expenditure Type Description CMQ Funding Total Expense**

**Amount Amount**



$

$

Must be no more than 10 words.

Must be no more than 50% of the CMQ program funding.

**Equipment Hire Description**

Word count:

Must be no more than 10 words.

**Venue Hire Description**

Word count:

Must be no more than 10 words.

**CMQ Funding Amount \***

$

Must be no more than $5,000.

**CMQ Funding Amount \***

$

Must be no more than $5,000.

**Total Expense Amount \***

$

Must be a dollar amount.

**Total Expense Amount \***

$

Must be a dollar amount.

**Description**

Word count:

Must be no more than 10 words.

**CMQ Funding Amount \***

$

Must be no more than $3,000.

**CMQ Funding Amount \***

$

Must be no more than $1,000.

**Total Expense Amount \***

$

Must be a dollar amount.

**Total Expense Amount \***

$

Must be a dollar amount.

**Advertising & Promotion**

**Food and Catering Description**

Word count:

Must be no more than 10 words.

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**CMQ Funding Amount \***

**Description**

**Transport assistance** to reduce barriers for people to attend the event

**Total Expense Amount \***

$

Must be a dollar amount.

Word count:

Must be no more than 10 words.

$

Must be no more than $500.

**Performers & Entertainment**

**Description**

**CMQ Funding Amount \***

**Total Expense Amount \***

$

Must be a dollar amount.

Word count:

Must be no more than 10 words.

$

No funding cap

Additional Expenses

* Select the type of expense and provide a clear description if further explanation is required.
* List expenses of different categories in separate rows.
* Ensure you include the costs of any in-kind contributions.
* Insert **one** expense per row. Click ***'Add More'*** to include additional rows*.*

***Hint:*** *Click the '****Maximise'*** *button above the top right corner of the table to increase this section to full screen*

**Expenditure Type Description CMQ Funding Total Expense**

**Amount Amount**

Budget Totals

*Total Income - Total Expenditure = Budget Surplus or Deficit*



Must be no more than 10 words.

**Total Income**

$

This number/amount is calculated.

**Total Expenditure**

$

This number/amount is calculated.

**Budget Surplus or Deficit**

$

This number/amount is calculated.

**Provide additional comments regarding the event income or expenditure. \***

Word count:

Must be no more than 200 words.

**Is there any other information you would like to provide in this report? \***

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Word count:

Must be no more than 250 words.

Declaration Statement

**By submitting this report, I do solemnly and sincerely declare that: \***

☐ the information and attachments within this report are a true and accurate record of the delivery of the event and the distribution of the funding received.

☐ the photographs of the event attached to this report accurately depict the event delivery and its attendance.

☐ the delivery of the event and the spending of the grant funding was in accordance with the Funding Agreement and the Funding Guidelines.

☐ the organisation effected and maintained public liability insurance to the value of not less than $10 million that covered the event, and any other insurance required under any Legislative Requirement, or that a reasonable person would effect and maintain having regard to the nature of the funded event.

At least 4 choices must be selected.

**Name \*** Title First Name Last Name

**Position \***

**Phone Number \***

**Email \***

Must be an Australian phone number.

Must be an email address.

**Acquittal Report Submission**

* After you review your report and click the **SUBMIT** button, you will receive a confirmation message on screen acknowledging that the acquittal report has been submitted. You will also receive an email confirming the submission has been received and will have a PDF copy of the acquittal report attached.
* If you do **not** receive the onscreen confirmation message, please review the form for any highlighted errors and **try again**.
* We will notify you by email once we have reviewed and approved the Acquittal Report. Once approved, your obligations under the Funding Agreement have been completed.

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