



# Regional Arts Fund Quick Response Grant Acquittal Form

## Victoria

Name of Organisation/Applicant: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Website: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Type of Project:  Small Cultural Project  Artist Professional Development\*

\* If you are submitting an acquittal for a Professional Development Grant, please leave Section B blank

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

### Part A: Artists Employed on the Project

Number of Artists on this Project:

PAID artists (= a) \_\_\_\_\_ UNPAID artists (= b) \_\_\_\_\_ TOTAL number of artists (= a + b) \_\_\_\_\_

Artist Name	Area of expertise*	Is this artist regional based?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* Please pick one of Circus, Craft, Dance, Dance, Literature, Music, New Media, Photography, Film/Screen Arts, Sculpture, Theatre, Visual Arts, or Other (please state).

Office Use Only:

GMS: \_\_\_\_\_ RAV no: \_\_\_\_\_ Entered into GMS: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

## Part B: Audience and Participation

Total audience numbers: \_\_\_\_\_

Total participant numbers: \_\_\_\_\_

## Part C: RAF Priority areas

Indicate the number of participants and artists involved in your project from the following Regional Arts Fund priority areas.

Priority Area	Artists	Participants
Small and/or isolated regional communities		
Indigenous communities or individuals		
Culturally and linguistically diverse communities/individuals		
Children 0-12		
Elderly		
General Population		
Men		
Women		
People with Disabilities		
Youth 13 – 17		
Other (please state): _____		

## Part D: Main Artform

Indicated the main artform(s) used in your project (If more than one, number in order of relevance to you project – 1 being most relevant):

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> _____ Circus                      | <input type="checkbox"/> _____ Craft     | <input type="checkbox"/> _____ Dance     | <input type="checkbox"/> _____ Literature  |
| <input type="checkbox"/> _____ Multi-art form              | <input type="checkbox"/> _____ Music     | <input type="checkbox"/> _____ New Media | <input type="checkbox"/> _____ Photography |
| <input type="checkbox"/> _____ Film/Screen Arts            | <input type="checkbox"/> _____ Sculpture | <input type="checkbox"/> _____ Theatre   | <input type="checkbox"/> _____ Visual Arts |
| <input type="checkbox"/> _____ Other – please state: _____ |  |  |  |

## Part E: Strategic Partnerships

Name the strategic partners of your project, and whether their partnership is short or long term.

A **Strategic Partnership** involves sharing resources, high level of trust, sharing responsibilities and exchanging information with an organisation, which enhances the common purpose. It does not include your organisation or auspicing body.

**Short Term** is for the duration of this project.

**Long Term** is over a period of several years.

Type*	Name of Partner	Term of Partnership
		<input type="checkbox"/> Short term <input type="checkbox"/> Long Term
		<input type="checkbox"/> Short term <input type="checkbox"/> Long Term
		<input type="checkbox"/> Short term <input type="checkbox"/> Long Term
		<input type="checkbox"/> Short term <input type="checkbox"/> Long Term
		<input type="checkbox"/> Short term <input type="checkbox"/> Long Term
		<input type="checkbox"/> Short term <input type="checkbox"/> Long Term
		<input type="checkbox"/> Short term <input type="checkbox"/> Long Term
		<input type="checkbox"/> Short term <input type="checkbox"/> Long Term
		<input type="checkbox"/> Short term <input type="checkbox"/> Long Term
		<input type="checkbox"/> Short term <input type="checkbox"/> Long Term

\* Please pick one of Federal Government, State Government, Local Government, Private Sector (eg business), Cultural (eg local gallery), Community (eg a service club), Charity (eg Salvation Army) or Social Services (eg health or youth agencies).

# Part F: Final Project Financial Statement

It is important that you make your budget fit this template.

ACTUAL INCOME	\$	ACTUAL EXPENDITURE	\$	RAF(\$)
<b>Section 1 - Earned Income</b>		<b>Section 5 - Artists Fees/Salaries</b> (include on costs)		
<i>Workshop Fees</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
<i>Box Office</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
<i>Other</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
<b>Section 1 Sub Total</b>	<b>\$</b>	<b>Section 5 Sub Total</b>	<b>\$</b>	<b>\$</b>
<b>Section 2 - Government Grants</b>		<b>Section 6 - Direct Project Costs</b>		
<i>Federal</i>			\$	\$
Regional Arts Fund	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
<i>State</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
<i>Local</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
<b>Section 2 Sub Total</b>	<b>\$</b>	<b>Section 6 Sub Total</b>	<b>\$</b>	<b>\$</b>
<b>Section 3 - Sponsorship</b>		<b>Section 7 - Travel/ Accommodation</b>		
<i>Cash</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
<i>In-kind</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
<b>Section 3 Sub Total</b>	<b>\$</b>	<b>Section 7 Sub Total</b>	<b>\$</b>	<b>\$</b>
<b>Section 4 - Applicants Contribution</b>		<b>Section 8 - Project Administration</b>		
<i>Cash</i>		<i>Marketing</i>		
	\$		\$	\$
	\$		\$	\$
	\$	<i>Documentation</i>		
<i>In-kind</i>			\$	\$
	\$		\$	\$
	\$	<i>Other</i>		
	\$		\$	\$
	\$		\$	\$
<b>Section 4 Sub Total</b>	<b>\$</b>	<b>Section 8 Sub Total</b>	<b>\$</b>	<b>\$</b>
<b>Sections 1 to 4 = Total Income (a)</b>	<b>\$</b>	<b>Sections 5 to 8 = Total Expenditure(b)</b>	<b>\$</b>	<b>\$</b>

**Note:** (a) and (b) must add up to the same amount.

## Part G: Attachments

**Written Acquittal Report responding to the questions below:**

- Describe the public outcome of your project?
- Which community did your projects support? And what benefits did your project deliver to the community? OR in the case of Professional development, how will your community benefit?
- What were the benefits to the artists involved in the project?
- What challenges or obstacles did you experience and what did you learn?
- Were you satisfied that the project met your expectations? Please describe why.

**Support Material**, please indicate the support material attached:

Photographs/ images: please select the format       Hardcopy       Softcopy (digital/on disk)

Audio CD

DVD/ video

Press clippings: please specify number of clippings \_\_\_\_\_

Promotional material: please specify \_\_\_\_\_

Other written material – please specify: \_\_\_\_\_

*\* For all images included with your acquittal, please ensure that you complete the Image Info Sheet document which came with your Marketing pack, as well as any required photo subject release forms. If you do not have these document, please contact Joe Toohey, Program Officer Creative Communities Victoria, on (03) 9644 1809 or email [jtoohey@rav.net.au](mailto:jtoohey@rav.net.au)*

Please post this signed and completed form with the above attachments to:

**Regional Arts Fund  
Regional Arts Victoria  
PO Box 600  
Port Melbourne VIC 3207**

## Part H: Certification

**I, the undersigned, certify that:**

To the best of my knowledge, the statements in this acquittal are true and correct.

I am authorised by the applicant/organisation to certify this acquittal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name in Full: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_