



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

* Please pick one of Circus, Craft, 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
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		<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(\$)
Section 1 - Earned Income		Section 5 - Artists Fees/Salaries (include on costs)		
<i>Workshop Fees</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
<i>Box Office</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
<i>Other</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
Section 1 Sub Total	\$	Section 5 Sub Total	\$	\$
Section 2 - Government Grants		Section 6 - Direct Project Costs		
<i>Federal</i>			\$	\$
Regional Arts Fund	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
<i>State</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
<i>Local</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
Section 2 Sub Total	\$	Section 6 Sub Total	\$	\$
Section 3 - Sponsorship		Section 7 - Travel/ Accommodation		
<i>Cash</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
<i>In-kind</i>			\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
Section 3 Sub Total	\$	Section 7 Sub Total	\$	\$
Section 4 - Applicants Contribution		Section 8 - Project Administration		
<i>Cash</i>		<i>Marketing</i>		
	\$		\$	\$
	\$		\$	\$
	\$	<i>Documentation</i>		
<i>In-kind</i>			\$	\$
	\$		\$	\$
	\$	<i>Other</i>		
	\$		\$	\$
	\$		\$	\$
Section 4 Sub Total	\$	Section 8 Sub Total	\$	\$
Sections 1 to 4 = Total Income (a)	\$	Sections 5 to 8 = Total Expenditure(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 documents, please contact Anna Hombsch, Funding Programs Officer, on (03) 96441809 or ahombsch@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: _____