|  |
| --- |
| **COMPLETING THE PROGRESS REPORT AND CLAIM FORM**Complete all unshaded boxes in Sections A to G. Keep answers as precise as possible. Further information and supporting documents may be attached as necessary at section F If you are submitting a claim for payment with this report, be sure to attach appropriate supporting evidence (e.g. invoices, financial statements).**SUBMIT COMPLETED FORMS** |
| **By email:**SMA@sa.gov.au | **By post:**Stormwater Management AuthorityGPO Box 1047ADELAIDE SA 5001 |

**Contents**

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# Preliminary

## Project Details

|  |  |
| --- | --- |
| Project Name |  |
| Applicant |  |
| Application Number |  |
| Period From |  | To |  |

Are you submitting a claim for payment with this report?

|  |  |  |
| --- | --- | --- |
| [ ]  | Yes | Complete Sections A through to G |
| [ ]  | No | Complete Sections A through to D and F |

## Contact Details

|  |  |
| --- | --- |
| Completed By |  |
| Position |  |
| Date |  |
| Telephone |  |
| Email |  |

# Project Status

Provide a brief summary of progress noting any schedule changes, risks, issues and milestones achieved.

|  |
| --- |
|  |

# Financial Report

Round totals to whole dollars. Do NOT include GST

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | StormwaterManagement Fund | Applicant | OtherContributions | Total |
| Total Project | $ | $ | $ | $ |
| Paid to Date | $ | $ | $ | $ |
| Being Claimed | $ | $ | $ | $ |
| Balance Remaining | $ | $ | $ | $ |

# Promotional Activity

|  |
| --- |
|  |

# Claim Details

Is this the **first** claim relating to this project?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No |

Is this the **final** claim relating to this project?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No |

# Attachments

List any attachments submitted with this report/claim.

|  |
| --- |
|  |

# Declaration

|  |
| --- |
| I declare that the expenditure claimed at Section C has been properly incurred in the course of undertaking the project named in Section A. |
| Name of Authorised Officer |  |
| Position |  |
| Date |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Office Use OnlyClaim Checked

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Signature** |  |
| **Position** | [ ]  | Technical Adviser |
| [ ]  |  | **Date** |  |

Claim Recommended for Payment

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Signature** |  |
| **Position** | [ ]  | General Manager |
| [ ]  |  | **Date** |  |

 |