|  |  |
| --- | --- |
| **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](mailto:SMA@sa.gov.au) | **By post:**  Stormwater Management Authority GPO Box 1047 ADELAIDE 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Stormwater Management Fund | Applicant | Other Contributions | 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** |  | |