### To complete this form please open in Adobe and complete required fields

## **Stormwater Management Fund Progress Report and Claim Form**



#### **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).	(-ig
SUBMIT COMPLETED FORMS	
By email:	By post:
SMA@sa.gov.au	Stormwater Management Authority GPO Box 1047 ADELAIDE SA 5001
Contents	
A Preliminary	E Claim Details
<b>B</b> Project Status	<b>F</b> Attachments
C Financial Report	<b>G</b> Declaration
Promotional Activity	
A. Preliminary  A.1 Project Details	
Project Name	
Applicant Name	
Application Number	
Period From	То
Are you submitting a claim for pa	yment with this report?
Yes	Complete all sections
No	Complete all sections except Section E
A 2 Contact Details	
Completed By	
Position	
Telephone	
Email	

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B. Project Status						
Provide a brief summary of progress noting any schedule changes, risks, issues and milestones achieved.						
C. Financial Report						
Round totals to whole dollars. Do NOT include GST						
	Applicant	Stormwater	Other	Total		
		Management Fund	Contributions			
Total Project Budget	A	В	С			
Expended To Date	D					
Funds Already Received		E	F			
Funds Being Claimed		G				
Balance Remaining						
A = Approved applicant contribution  B = Approved Stormwater Management Fund contribution  C = Approved third party contribution  D = Amount expended on the project from all sources  E = Amount you have already received from the Stormwater Management Fund  F = Amount you have already received from third parties  G = Amount you are claiming from the Stormwater Management Fund this period						
E. Claim Details						
Is this the <b>first</b> claim relating to this project?						
☐ Yes ☐ No						
Is this the <b>final</b> claim relating to this project?						
Yes		☐ No				
F. Attachments						
List any attachments submitted with this report/claim.						

### **G.** 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.				
Signature of Authorised Officer				
Name of Authorised Officer				
Position				
Date				

# Office Use Only

Claim Checked

Claim Checked				
Name				
Position	Technical Adviser			
	Project Officer	Signature		
		Date		
Claim Recommended for Payment				
Name				
Position	General Manager			
	Board Member	Signature		
		Date		