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| Committee of Management Annual ReturnFor the financial year ended 30 June 2019 |

Please complete and return by **22 November 2019** to: CoM Returns
DELWP Customer Contact Centre

402 Mair Street
BALLARAT VIC 3350

 **or** Email:**customer.service@delwp.vic.gov.au**

If you have any queries about the Annual Return process please contact DELWP’s Customer Contact Centre on 136 186 between 8 a.m. to 6 p.m. Monday to Friday.

1. Committee of Management

|  |  |
| --- | --- |
| Name: | I.D:  |

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2. Statement of income and expenditure

Please only include income and expenditure for the Committee, not Tenants of the Reserve.

|  |  |
| --- | --- |
| Income | 2018–19 ($) |
| 1. Fees *(eg hall hire, entrance fees, membership fees)*
 |  |
| 1. Fundraising *(eg garage sales, raffles, fundraising events)*
 |  |
| 1. Gifts / Donations
 |  |
| 1. Grants
 |  |
| 1. Leases and Licences
 |  |
| 1. Informal Agreements
 |  |
| 1. Proceeds from disposal of Asset *(eg sale of lawn mower)*
 |  |
| 1. Interest received
 |  |
| 1. GST / Tax refunds *(if applicable)*
 |  |
| 1. Other *(please specify)*
 |  |
|  |  |
| **Income Total** *(add a to j)* |  |

|  |  |
| --- | --- |
| Expenditure | 2018–19 ($) |
| 1. Utilities *(eg electricity, gas, water, council rates, phone, internet)*
 |  |
| 1. Fundraising costs
 |  |
| 1. Administration expenses *(eg stationery, postage, contract admin staff)*
 |  |
| 1. Building maintenance *(eg repairs, up keep, contract cleaners)*
 |  |
| 1. Asset purchases and additions *(eg tools, lawn mower, capital improvements)*
 |  |
| 1. Land maintenance *(eg tree removal, fencing, contract gardeners)*
 |  |
| 1. Insurance costs *(include premiums and any excess payments)*
 |  |
| 1. Salaries & Wages *(payments to staff & related costs - not payments to contractors)*
 |  |
| 1. Banking costs *(eg fees and charges)*
 |  |
| 1. GST / Tax Payments *(if applicable)*
 |  |
| 1. Other *(please specify)*
 |  |
|  |  |
|  |  |
| **Expenditure Total** *(add k to u)* |  |

3. Breakdown of cash balance and other investments

Please only provide balances for the Committee, not Tenants of the Reserve.

|  |  |  |
| --- | --- | --- |
|  | Opening balance1 July 18 | Closing balance30 June 19 |
| 1. Petty cash on hand
 |  |  |
|  | **Account name** | **Institution** |  |  |
| 1. Bank account 1
 |  |  |  |  |
| 1. Bank account 2
 |  |  |  |  |
| 1. Term deposits
 |  |  |  |  |
| 1. Receipts not yet banked (Cash and Cheques)
 |  |
| 1. Other investments
 |  |
| 1. Less un-presented cheques
 |  |
| 1. **Total cash assets (a + b + c + d + e + f) – (g)**
 |  |

4. Review key Committee contact details

**Please help us keep your contact details up to date.**

**If the Committee’s contact details have changed since your last return please insert the new details below.**

|  |  |  |
| --- | --- | --- |
|  | Current details | Updated details |
| Name |  |  |
| **Postal address** |  |  |
| **Committee email address** |  |  |
| **Telephone number** |  |  |
| **Mobile number** |  |  |

5. Additional comments

**Include issues or achievements you would like us to know about. Please also let us know about any significant upcoming milestones for committee members in terms of years of service, including the name(s) of committee members and the number years of service.**

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6. Attestation of Committee’s responsible officer

**The Committee’s Responsible Officer must be a Committee Member (eg Chairperson, Secretary
or Treasurer).**

|  |
| --- |
| I certify that the financial information supplied can be substantiated from supporting records and that any attached information is accurate. |
| Name |  |
| **Title** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Signature** |  |
| **Date of signing** |  |

*The department is currently progressing a review and improvement program for Committees of Management and, to help us understand how we can better support Committees of Management, we would appreciate you completing the following sections.*

7. Built assets

**Please list all assets on the Reserve(s), including those managed by Tenants.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Built Asset Type:** (eg Hall, Toilet block, Shed, Playground) | **Address of asset** | **Maintained By:** (eg Committee, Council, Sports Club) | **Insured?**(Yes / No) | **Heritage listed?** | **Asset Condition** | **Value if known?** |
|  |  |  | □ Yes□ No□ Not sure | □ Yes□ No□ Not sure | □ Excellent□ Good□ Poor | □ Don’t know□<$500,000□ $500k-$750k□$750k-$1mill□>$1million |
|  |  |  | □ Yes□ No□ Not sure | □ Yes□ No□ Not sure | □ Excellent□ Good□ Poor | □ Don’t know□<$500,000□ $500k-$750k□$750k-$1mill□>$1million |
|  |  |  | □ Yes□ No□ Not sure | □ Yes□ No□ Not sure | □ Excellent□ Good□ Poor | □ Don’t know□<$500,000□ $500k-$750k□$750k-$1mill□>$1million |
|  |  |  | □ Yes□ No□ Not sure | □ Yes□ No□ Not sure | □ Excellent□ Good□ Poor | □ Don’t know□<$500,000□ $500k-$750k□$750k-$1mill□>$1million |
|  |  |  | □ Yes□ No□ Not sure | □ Yes□ No□ Not sure | □ Excellent□ Good□ Poor | □ Don’t know□<$500,000□ $500k-$750k□$750k-$1mill□>$1million |
|  |  |  | □ Yes□ No□ Not sure | □ Yes□ No□ Not sure | □ Excellent□ Good□ Poor | □ Don’t know□<$500,000□ $500k-$750k□$750k-$1mill□>$1million |

8. Grants received

**Grants are funds given by an external party to enable the Committee to pursue an objective, project or program of work.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grant provider** | **Purpose for which Grant has been provided** | **2018–19 ($)** | **Total Grant ($)** | **Period of Grant** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

9. Committees of Management Responsibilities and Good Practice Guidelines

**Are you aware of the Committees of Management Responsibilities and Good Practice Guidelines 9November 2015 version) which are available on the department’s web site?**

|  |  |  |
| --- | --- | --- |
| Please select: | **Yes** | **No** |

**The guidelines can be found on DELWP’s website – go to** [www.delwp.vic.gov.au/committees](http://www.delwp.vic.gov.au/committees)

**Please provide any feedback on the guidelines below , including additional information which you would like included in the guidelines.**

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10. Support from the Department of Environment, Land, Water and Planning (DELWP)

**Please rate your level of satisfaction with support provided by DELWP where 1 is not satisfied and 5 is fully satisfied.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please select: | 1 | 2 | 3 | 4 | 5 |

Any comments or further feedback

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