Statutory Declaration Oaths Act 1867 (Qld) In-kind Declaration| Project lead

**QUEENSLAND TO WIT**

I, Click or tap here to enter text. of Click or tap here to enter text. on behalf of Click or tap here to enter text.

 in relation to the Project and Project Participant identified below:

|  |  |
| --- | --- |
| **Project number**  | Click or tap here to enter text. |
| **Project name** **(“the Project”)** | Click or tap here to enter text. |
| **Project Participant/s** **(the “Project Participant/s” )** | Click or tap here to enter text. |
| **Reporting Period (Financial year) (“the Reporting Period”)** | **2021/22** |

do solemnly and sincerely declare that:

1. I have reviewed the financial information contained within the quarterly reports (**the Report**) submitted to the CRCNA over the reporting period relating to the Project.
2. It is my responsibility as the Project Lead or representative of the Project Lead organisation to express an opinion on the Report based on my review.
3. The Report:
4. presents in all material respects, the financial transactions in relation to the Project on a fair basis for the Reporting Period; and
5. the financial information for the Project for the Reporting Period is based on proper accounts and records together with supporting documentation.
6. The In-kind expenditure shown in the Report was incurred on the Project and has been expended for the purposes agreed to in the relevant agreement between CRCNA and the Project Participant/s,

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.

………………………………………………………….

**Declarer’s signature**

**Approved witness**

Before , Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Qualification:Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

……………………………………………….…

(Approved witness signature

Click or tap here to enter text.

……………………………………………….

(Approved witness name)