

COMMUNITY GRANTS SCHEME ACCOUNTABILITY RECORD

Application No.

(office use only)

PLEASE NOTE THAT THIS FORM SHOULD BE COMPLETED AND RETURNED WITHIN 2 MONTHS OF THE PROJECT OR ACTIVITY'S COMPLETION

Project Title		
Name of organisation		
Postal address		
Telephone No	Fax	
Funding of \$	was received for	(activity)

We certify that \$______ of this grant was spent entirely for an activity in the project specified above and attach documentation clearly confirming this.

Signed on behalf of the above organisation:

Name:	 	
Signature	 	
Title	 	
Date	 	

1) In which local authority area(s) did your project or service take place?

2) Where did the participants/recipients of your project or service come from? Please estimate numbers.

3) Did your project or service involve a particular interest group/s? If so please state

4) What was the outcome of your project or service and the probable reasons for success or failure?

5) How did the KDC Community Grant contribute to the overall success of the project or service?

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6) What were the benefits to the Kawerau District?
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Money and Resources

Please outline the costs of your activity. Organisations not registered for GST should include GST in their income and expenditure.

In your application you s	specified that the		
Community Grants Sche	eme would contribute to		
the cost of		Please tell us where this money was spent	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Please attach substantiating documentation

DETAILED RECEIPTS ARE PREFERRED but detailed invoices supported by bank statements clearly confirming payment are acceptable.