DISTRICTWIDE FACILITY HIRE REMISSIONS FUND ACCOUNTABILITY REPORT

You/your organisation recently received a grant from the Districtwide Facility Hire Remissions Fund. As part of the acceptance of this grant we require you to complete the Accountability Report and attach copies of receipts of payments and any other financial information if applicable.

Please complete this form within six months of the use of the grant and return to the address provided below.

| Name of Individual/Organisation: | | |
|--------------------------------------|--------------------|-----------------------|
| Amount of Grant: | \$ | Date Received: |
| Project/Event for which grant was r | made: | |
| Please give details of how the gran | nt money was spe | ent |
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| How did the grant money provide b | enefit(s) to the K | āpiti Coast District? |
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| Please sign below: (2 signatories re | equired for organi | isations only) |
| | | |
| Grant Recipient: | | |
| | | _ Signature: |
| Position: | | Position: |
| Date: | | Date [.] |

Please return to: Tracey Waye, Kāpiti Coast District Council, Private Bag 60601, Paraparaumu 5254 tracey.waye@kapiticoast.govt.nz