

COMMUNITY GRANTS SCHEME ACCOUNTABILITY FORM



Your organisation has received a grant from the above scheme. As part of the acceptance of this grant we require evidence that the money was spent for the purpose granted. Please attach copies of receipts of payments.

Name of Organisation:

Amount of grant: \$

Date received:

Project for which grant was made:

Please provide details of how the money was spent (copies of receipts must be attached):

..... \$

..... \$

..... \$

..... \$

NOTE: Please contact the Community Grants team on communitygrants@kapiticoast.govt.nz to discuss options if you have funds still available.

Please provide a brief description of the benefits that have been achieved with these funds:

.....

.....

.....

.....

.....

Two signatures are required:

Name:

Signature:

Position:

Date:

Name:

Signature:

Position:

Date:

Please indicate your interest in being involved in feedback to help council better support community groups.

Yes:

No:

Name:

Daytime phone:

Mobile:

Email:

Once completed, drop this form off with supporting information at any one of our Service Centres or post to: Kāpiti Coast District Council, Private Bag 60 601, Paraparaumu 5254