**Accountability Report Back**

You/your organisation received a grant from the Waikanae Community Board recently. As part of the acceptance of this grant we require you to complete the Accountability Report Back form and attach copies of receipts of payments and any other financial information as applicable.

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

**Please Note: You must return this form to be considered for future funding.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Individual/Organisation: | | | |  | | | | | |
| Amount of Grant: | | **$** |  | | | | Date Received: | |  |
| Project/Event for which grant was made: | | | | |  | | | | |
| **Please give details of how money was spent, the benefits you received and the benefits to**  **the Waikanae Ward as a result of the grant:** | | | | | | | | | |
|  | | | | | | | | | |
| *Note: If the money has not been spent, please explain why and your intentions for the money.* | | | | | | | | | |
| **Please sign below:**  *Two signatories required for organisations only.* | | | | | | | | | |
| Grant Recipient: |  | | | | | Second Contact: | |  | |
| Signature: |  | | | | | Signature: | |  | |
| Position: |  | | | | | Position: | |  | |
| Date: |  | | | | | Date: | |  | |
|  |  | | | | |  | |  | |

|  |  |  |
| --- | --- | --- |
| **Please return accountability report to:** | | |
| Democracy Services Team  Kāpiti Coast District Council  Private Bag 60601  Paraparaumu 5254 | OR | democracy.services@kapiticoast.govt.nz |