## **WAIKANAE COMMUNITY BOARD COMMUNITY GRANTS**

## **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.

	Date Received:
Project/Event for which grant was	made:
Please give details of how mone the Waikanae Ward as a result o	y was spent, the benefits you received and the benefits to fithe grant:
Note: If the money has not been spen	please explain why and your intentions for the money.
•	please explain why and your intentions for the money.
Note: If the money has not been spen Please sign below: Two signatories required for organisat	
Please sign below: Two signatories required for organisat	
Please sign below: Two signatories required for organisate Grant Recipient:	ons only. Second Contact:
Please sign below: Two signatories required for organisate Grant Recipient:  Signature:	ons only.  Second Contact:  Signature:
Please sign below: Two signatories required for organisate Grant Recipient:	ons only. Second Contact:

OR

Private Bag 60601 Paraparaumu 5254 democracy.services@kapiticoast.govt.nz