

**COMMUNITY GRANTS SCHEME ACCOUNTABILITY FORM**

All recipients of funds from the KCDC Community Grants Scheme must complete this form within 1 year of the funding decision.

If you do not complete and submit this form you will not be eligible for future funding through KCDC grants.

The completion of this form should be overseen by someone with an intimate knowledge of the funded project/plan.

**Project Report**

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| --- | --- |
| **Name of Organisation:**  |  |
| **Project Title:** |  |

**Please provide a short summary of the work that was completed as part of this project / program / initiative:**

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Benefits/Outcomes

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

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**Did you record any aspect of your project/program through photographs, audio or video?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes:** |  | **No:** |  |

If yes, we would love to see some visual and audio representations of your work. Please share attached or send to community.grants@kapiticoast.govt.nz.

**Note: This is optional.**

**Can we use your media content in our own communications?** (e.g; to promote Community Grants)

|  |  |  |
| --- | --- | --- |
| **Yes:** |  **No:** | **Contact us first:**  |

Fund Expenditure

**Please provide details of any project expenditure (funds spent) to date.**

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|  | **$** |  |
|  | **$** |  |
|  | **$** |  |
|  | **$** |  |

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

**Have you experienced any issues with your intended project budget to date? If so, please explain reasons for any major variances or for providing incomplete information:**

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**Please attach copies of receipts for items purchased with grant funds. If no receipts are available, a statement showing the expenditure is okay.**

Certification

**I certify that to the best of my knowledge the statements made within this form are true and correct.**

**I agree:**

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| --- | --- | --- | --- |
| **Yes:** |  | **No:** |  |

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| --- | --- | --- | --- |
| **Name:** |  | **Contact phone:** |  |
| **Signature:** |  | **Email:** |  |
| **Position:** |  |  |
| **Date:** |  |  |

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