

THE PETER MALONE COMMUNITY GRANTS SCHEME 2024 GROUP ACCOUNTABILITY FORM

To be completed within 12 months of receiving a grant. If the funds have not been fully expended, please contact us to discuss the progress of your activity for which the grant was requested.

Please note: Failure to complete a satisfactory accountability report will result in ineligibility for further funding until all outstanding accountability requirements have been met.

	IFICE USE	APPN NO.	YEAR	DATE	EVIDENCE	AUDIT							
GE	NERAL D	ETAILS											
1.	FULL NAME O	F ORGANISATION:											
2a.	NAME OF COI	NTACT PERSON FOR	R THIS ACCOUNTABILIT	Y FORM: 2b. Po	OSITION (e.g. Chairperson, T	reasurer):							
3.	CONTACT DETAILS:												
	-												
FU	NDING D	ETAILS											
4a.	. AMOUNT GRANTED: 4b. AMOUNT SPENT (if different to amount granted):												
	\$\$												
5.													
6.	PLEASE COMPLETE THE FOLLOWING BREAKDOWN OF GRANT EXPENDITURE: Receipts or proof of purchase in the organisation's name need to be attached. For wages, please provide copies of IR348/349s – IR Employer Monthly Schedules – and bank statement proving salary payments):												
	ITEM					\$ AMOUNT							

\$

TOTAL EXPENDITURE*:

^{*} Should equal the same as 4b above.

7.	WHAT WERE	E TI	HE KEY C	UTCON	MES:													
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9.	DECLARATION (to be signed by two members of your organisation) We hereby declare that the grant from Network Tasman Charitable Trust has been applied to the above project in accordance with conditions set out by the Trust and that all information supplied here on behalf of our organisation is correct. We acknowledge that we personally liable for any loss to Network Tasman Charitable Trust arising from any false information supplied in support of this application or the accountability.										hat we are							
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SEND ACCOUNTABILITY FORM TO:

Alicia Chapman Network Tasman Charitable Trust P O Box 3164, Richmond, 7050

Ph: 0800 82 78 78

Email: admin@networktasmantrust.org.nz