



THE PETER MALONE COMMUNITY GRANTS SCHEME 2025 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.

OFFICE USE ONLY	APPN NO.	YEAR	DATE	EVIDENCE	AUDIT
-----------------	----------	------	------	----------	-------

GENERAL DETAILS

1. FULL NAME OF ORGANISATION:

2a. NAME OF CONTACT PERSON FOR THIS ACCOUNTABILITY FORM:

2b. POSITION (e.g. Chairperson, Treasurer):

3. CONTACT DETAILS:

Work Ph Home Ph Mobile
Fax Email

FUNDING DETAILS

4a. AMOUNT GRANTED:

\$

4b. AMOUNT SPENT (if different to amount granted):

\$

5. PURPOSE FOR WHICH THE GRANT WAS FUNDED:

.....
.....
.....
.....

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 THE KEY OUTCOMES:

.....

.....

.....

.....

.....

.....

.....

.....

.....

8. HOW WAS THE SUPPORT OF NETWORK TASMAN CHARITABLE TRUST ACKNOWLEDGED (Please attach evidence):

.....

.....

.....

.....

.....

.....

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 the conditions set out by the Trust and that all information supplied here on behalf of our organisation is correct. We acknowledge that we are personally liable for any loss to Network Tasman Charitable Trust arising from any false information supplied in support of this application or the accountability.

NAME: POSITION:

SIGNATURE: DATE:

NAME: POSITION:

SIGNATURE: DATE:

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