THE PETER MALONE COMMUNITY GRANTS SCHEME
2026 INDIVIDUAL 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 GRANT RECIPIENT:

2a. NAME OF PARENT OR GUARDIAN IF RECIPIENT IS UNDER 18 YRS: **2b. RELATIONSHIP TO GRANT RECIPIENT:**

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:

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6. PLEASE COMPLETE THE FOLLOWING BREAKDOWN OF GRANT EXPENDITURE:

Receipts or proof of purchase in the recipient's (or guardian's) name need to be attached:

ITEM	$ AMOUNT
TOTAL EXPENDITURE*:	**$**

* Should equal the same as 4b above.

7. WHAT WERE THE KEY OUTCOMES:

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

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9. DECLARATION (to be signed by recipient or guardian if recipient is under 18 yrs)

I 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 is correct. I 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***