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**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: .....

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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](mailto:admin@networktasmantrust.org.nz)