Donald & Nellye Malcolm Trust

ACCOUNTABILITY FORM

31 March 2024

* All recipients of funds from the Donald & Nellye Malcolm Trust must complete this form before 31 March 2024.
* If you do not complete and return this form with supporting receipts, you will not be eligible for future funding through the Trust.

|  |  |  |
| --- | --- | --- |
| 1. | **Name of applicant** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | **Project funds approved for** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | **Amount received**  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**4.** Please give details of how the money was spent. Please attach receipts:

|  |  |
| --- | --- |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |

**Please complete and sign the reverse of this form – Thank you.5. How has the grant helped you to achieve your purpose?**

 Please include:

* How your organisation has benefited from the grant
* What progress your organisation has made on achieving its objectives for this project/purpose
* How many people benefited from the grant
* How did the wider community benefit; and

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**6. Declaration:**

We declare that all details contained in this report are true and correct to the best of our knowledge and that we have the authority to provide it on behalf of our organisation **(this report needs to be signed by two office holders within the organisation, eg. Chairperson and Secretary).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |
| **Signature:** |  | **Signature:** |  |
| **Position:** |  | **Position:** |  |
| **Date:** |  | **Date:** |  |

**Please complete this form and return to:**

**Leanne Kingan**

**Donald & Nellye Malcolm Trust**

**C/- Waitaki District Council**

**Private Bag 50058**

**OAMARU 9444**

## Fax: 03 433 0301

**lkingan@waitaki.govt.nz**