

Waitaki Heritage Fund Grant ACCOUNTABILITY FORM

- Grant recipients must complete this form within 12 months of receiving the grant.
- If you do not complete and return this form with supporting receipts, you may be ineligible for future Council funding.

1.	Name of grant recipient	
2.	Place for which the grant was received	
3.	What was the grant for?	
3.	Amount granted	\$
4.	Date the work was completed	
5.	Are there unspent funds to return?	
5.	Total cost of project	
Detail	how you spent the grant. (Please a need to):	by was spent. attach copies of receipts and/or invoices. Use an extra sheet
,		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Please tell us	grant helped you to achi about the:	eve your project?	
 Progress of t 			
	age place has benefited		
How the wide	er community benefited (if	relevant)	
8. Declaration:			
I/We declare that	all details contained in thi	s report are true and c	orrect to the best of our knowledge.
(eg chair and sec		form needs to be sign	ed by two authorized office holders
(0	,,		
Name:		Name:	
Signature:		Cianatura	
Signature.		Signature:	
Position:		Position:	
		rosition.	
Date:		Date:	
		mplete this form and retur	n to:
		ants Administration	

Please complete this form and return to Grants Administration Waitaki District Council Private Bag 50058 OAMARU Phone 03 433 0300 grantsadmin@waitaki.govt.nz