Waitaki Biodiversity Fund Accountability

Waitaki DISTRICT COUNCIL
TE KAUNIHERA Ā ROHE O WAITAKI

Information

- All recipients of funds from Council must complete this form within 9 months of receiving the funding (or by arrangement).
- If you do not complete and return this form with supporting receipts you may not be eligible for future funding through Council.

Applicant Details

Name of Applicant

Name and location of project

Amount received $

Date of project D D M M Y Y Y Y

Please give details of how the money was spent (Attach receipts and photo evidence of equipment/structures/plantings where appropriate)

Type	Amount
	$
	$
	$
	$
	$
	$
	$

Goal Details

How has the grant helped you to achieve your purpose? Please include:

- How your organisation has benefitted from the grant
- What progress your organisation has made on achieving its objectives for this project/purpose

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Feedback

Do you have any feedback about the funding process?
How could we improve the process?

Applicants Declaration

I/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	D D M M Y Y Y Y	Date	D D M M Y Y Y Y

Please return this form to Grants Administration at the Waitaki District Council, 20 Thames Street, Oamaru or post/email to:

Grants Administration
Waitaki District Council
Private Bag 50058
Oamaru

grantsadmin@waitaki.govt.nz

Publicity

☐ I do not wish to have the details of this funding grant used for publicity purposes