

Applicant Details

Name of Applicant/Organisation

Project funds approved for

Amount received

\$

Please give details of how the money was spent (Please attach receipts)

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
- How many people benefited from the grant
- How did the wider community benefit

Applicants 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	<input type="text"/>	Name	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Date	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	Date	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>

Please return this form to the Trust Secretary, Leanne Kingan at the Waitaki District Council, 20 Thames Street, Oamaru or post/email to:

Leanne Kingan  
Donald & Nellye Malcolm Trust  
C/- Waitaki District Council  
Private Bag 50058  
Oamaru 9444  
Fax: 03 433 0301  
lkingan@waitaki.govt.nz

- 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.