



**KAIKOURA
DISTRICT COUNCIL**

GEORGE LOW TRUST FUND

ACCOUNTABILITY FORM

Please attach:

- Copies of receipt(s) of payment, and/or
- Copies of an invoice detailing items purchased

Note: photocopies only please - there is no guarantee that originals will be returned

- Any feedback from participants

**Please return to Kaikoura District Council before the first week of March -
You must return this form in order to be eligible for future funding.**

Name of club/organisation _____

Amount of grant _____

Name of project _____

Please give details of how money was spent:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Please give a brief description of the benefits that have been achieved with these funds:

Name and signature of two people involved in the project:

First contact _____

Signature _____

Position _____

Date _____

Second Contact _____

Signature _____

Position _____

Date _____

Return to:

Grants Administrator

Kaikoura District Council

Level 2, 96 West End

Kaikoura

Or post to:

PO Box 6

Kaikoura