



KAIKOURA DISTRICT COUNCIL

Community Initiatives Fund

Accountability Form

Please attach:

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

Return the completed form to the Kaikoura District Council within 2 months of completion of your project. You must return this form in order to be eligible for future funding.

Name of applicant /organisation:

Name of Project:

Date of Project:

Amount of grant approved for:

Please give details of how money was spent:

\$

\$

\$

\$

A brief description of the highlights and benefits that have been achieved with these funds, including numbers participating:

Names and signatures of two people completing this report:

First contact: _____

Signature: _____

Position: _____

Date: _____

Second contact: _____

Signature: _____

Position: _____

Date: _____

Return to:
Grants Administrator
Kaikoura District Council
Level 2, 96 West End,
Kaikoura
Or mail to
PO Box 6
Kaikoura 7340