

# **Community Initiatives Fund**

**Accountability Form**

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| --- |
| ***Please attach:*** |
| 1. Copies of receipt(s) of payment, and/or
 |
| 1. Copies of an invoice detailing items purchased
2. 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:

 **$**

 **$**

 **$**

 **$**

If all funding approved for your project was not utilised specifically for the approved project, you may be required to reimburse Kaikoura District Council.

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:**

**Arlene Brown**

**Community Development Officer**

**arlene@kaikoura.govt.nz**

**Kaikoura District Council**

**96 West End, PO Box 6**

**Kaikoura 7340**