



COMMUNITY GRANTS FUND ACCOUNTABILITY STATEMENT

Name of organisation:			
_	=	anisation hereby certify that nd at the time and of the amo	-
Funding round:	(month /	year)	
Amount received:			
Name	Position	Signature	Date
Main contact:			
Second contact:			
to verify this. Failure to	adhere to this requet Council and may di	details of your application and irement will result in the fus fuit any future application	nding needing to be
_	y for another grant. Yo	grant received, and your account on the grant received, and your account on grant gr	
Any unspent funds need to	to be returned along w	rith your Accountability Staten	nent.
 No further grants will be requirements. 	e allocated to organisa	ations that have not complet	ed the accountability
How was this grant spent statements by the organisa		ence of expenditure (receipt	s, invoices or signed
			<u> </u>
			\$
-			<u> </u>
_			<u> </u>
			\$ \$
			\$ \$
		Tota	
Amount unspent:	\$	100	

How did this grant benefit your organisation?
How did this grant benefit the community?
How many people did benefit from this grant?
Compare the impact of the grant to the expected impact stated in your application?
If your project does not support a Community Outcome insert NA.
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Social
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Affordability
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Prosperity	
Culture	
Environment	

The personal information that you provide in this form will be held and protected by Buller District Council in accordance with our privacy policy (available at bullerdc.govt.nz/privacy and at council libraries and service centres) and with the Privacy Act 2020. Council's privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy.

Please send your completed accountability statement to:

Community Services Officer Buller District Council

PO Box 21

Westport 7866

or email grants@bdc.govt.nz