



Nelson City Council
te kaunihera o whakatū

Community Assistance Fund

One-Off Grant Accountability Form 2010/11

Due 30 September 2011

Notes: Recipients of grants must complete this form in full and attach copies of all receipts and any additional information. Failure to do so may jeopardize future applications for funding. Please type your form or if it must be handwritten, print neatly and use a black pen (so that it can be photocopied).

Name of Organisation: _____

Contact Person: _____ Phone: _____

Grant received: \$ _____

Give details of how the grant was spent:

Facility use:	\$ _____
Wages/Salaries:	\$ _____
Promotion:	\$ _____
Transport/Travel:	\$ _____
Other (specify): _____	\$ _____

Give a brief description of the success of your project in achieving the outcomes listed in your grant application:

1. _____

2. _____

3. _____

Name and signature of two people:

Name: _____ Name: _____

Signature: _____ Signature: _____

Position: _____ Position: _____

Date: _____ Date: _____

Return to:

**Community Assistance Accountability
 Nelson City Council
 PO Box 645
 Nelson 7040 (phone 546 0217)**