2024 COMMUNITY WELLBEING GRANT ACCOUNTABILITY FORM

Please complete all sections of the Accountability Form that apply.

A		
Α	GENERAL	

1.	Name of	f organisation	that ap	plied for	the grant:

Postal Address:	
Contact Person:	
Email:	
GST Registered	YES / NO

B. ACCOUNTABILITY

We hereby certify that we received the following grant from the Masterton District Council 2023 Community Wellbeing Grant: Received

[Exclude GST if GST Registered]

\$		

C. INFORMATION ABOUT YOUR EVENT

2. Please tick the wellbeing area (s) that your project contributed to:

WELLBEING AREA(S)						
Social	Cultural	Environmental	Economic			
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What was the grant used for?

·	. How many people were involved in the project and how many did it b	enent:
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F	How successful was the project and was there any part of it that could h	ave gone better?
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PRO	AMOUNT EXCLUDING GST	
	Total Project Costs	
Please attach the following sup	porting documentation:	
Final summary o	f income and expenditure or your final bu	udget.
Any relevant inv	oices pertaining to the funding tagged fo	or this grant.
Signed:	Date	:
	rding this Accountability Form please con mail <u>deannae@mstn.govt.nz</u> or telephone	
Completed Accountability For project expenditure and no lat	ms should be returned as soon as possible er than 31 May 2025.	e after the
POST TO: PO Box 444, Masterton 5840	DELIVER TO: 161 Queen Street, Masterton EMAIL TO	deannae@mstn.govt.nz