

### 1. Organisation

**This Accountability Form must be completed and returned to Waitomo District Council within two months of your projects completion.**

Organisation Name

I / We

being authorised parties of the above organisation hereby certify that the grant we received was spent on the project approved and that any specific conditions associated with this grant have been met.

### 2. Project Objectives

The project achieved the following objectives:

### 3. Declaration

**We solemnly declare that all details contained in this report are true and correct to the best of our knowledge and that we have the authority to provide this information on behalf of our organisation. We attach evidence of expenditure (i.e. signed Income and Expenditure Statement) for the project completed by the authorised parties.**

Name

Name

Signature

Signature

Designation

Designation

Date

Date

**Please send completed applications to:**

Waitomo District Council  
PO Box 404  
Te Kuiti 3941

Ph: 07 878 0800  
Fax: 07 878 7771