

Grant Accountability & Evaluation Report

To be completed within 12 months of receiving the West Coast Community Trust grant. Please note – failure to complete this report may result in your organisation having to refund the donation.

ROANISATIO	ON & CONTACT DETAILS			
rganisation ame				
ontact Person			Position	
lephone ndline and mobile)	P: M:	Email Address		
RANT INFOR	RMATION			
urpose for whic	ch you received the grant?			
ow much was t	the grant approved for? \$		Total cost of the proj	ect: \$
as the grant mo	ney been fully expended?	YES	NO	
f the grant has	not been fully expended, please	explain why & prov	vide time-frame etc of v	when it will be::
Vhen was the g	rant approved?	How many pe 1-100	eople have benefited fro 100-1000	om this project? 1,000 -more
UDGET INFO	RMATION			
Please attack	ned a summary of income/expended his project.	nediture, receipts &	any other supporting i	nformation that is
/HAT DID YO	U DO			
	ain benefits and outcomes of you	our project? (these m	nay be for your organisatio	on, clients/individuals
d/or the commur				

What were the	successes and challenges of your proje	ct (what worked	well, what didn't work so well and what have you			
learned?)	buccesses and enumeriges of your proje	ee (what worked	Well, What daire work so well and What have you			
,						
Please provide details of how you publicised the project and grant received?						
Please provide a photo of your project, this can be forwarded by email to Photo						
wccomtrust@n	<u>letspeed.net.nz</u> along with the name of	your organisati	on emailed			
DECLARATION & PRIVACY ACT 1993 AUTHORISATION						
Dlogge notes	this form poods to be completed by two put	acrised signatories	of the examination and that to the heat of your			
knowledge a	Il information provided in this report and atta	nonseu signatorie: achments is true a	s of the organisation and that to the best of your			
Knowledge a	ii illornadori provided ili diis report and acca	icilileitis is tide a	nd correct.			
I agree that	the information included in this report and ar	av attachmente/eu	unnerting information may be used by WCCT for			
		iy attacriments/st	apporting information may be used by WCCT for			
monitoring,	evaluation, research and learning purposes.					
Signature		Signature				
Name:		Name:				
Name:		Name:				
Organisation		Organisation				
Office Held		Office Held				
Office Held		Office field				
Date		Date				