



OFFICE USE ONLY  
DATE RECEIVED:  
ORGANISATION NO:  
APPLICATION NO:

## GRANT ACCOUNTABILITY REPORT

To be completed 3 months after receiving the TTCF grant. If the funds have not been fully expended after 3 months, please complete the report as an 'Interim Accountability Report.' You will be required to submit another report every 3 months until the grant has been fully expended. Please note: Failure to complete a satisfactory accountability report and to provide the required supporting documentation will impede upon future applications.

### PART ONE: ORGANISATION DETAILS

<b>1. Full name of organisation</b>
<i>The organisation's name should generally be the same as the bank account name</i>
<b>2. Date of accountability report</b>
<b>3. Name of Contact Person for this Accountability Report</b>

### PART TWO: APPROVAL DETAILS

*These can be found on the organisation's 'Approval Letter'*

<b>4. Grant Number &amp; Amount of Grant</b>	
Grant No: <input type="text"/>	\$ <input type="text"/>
<b>5. Date paid into bank account</b>	
<i>This will be the same as the date on your organisation's 'Approval Letter'</i>	
<b>6. Purpose for which funds were granted:</b>	
<b>7. Type of accountability report:</b>	
Is the Accountability Report:      Interim <input type="checkbox"/> Final <input type="checkbox"/> <i>Please tick</i>	

**8. If this is a Final Accountability Report, have you fully spent the funds granted?**

Yes  No  *Please tick*

If 'No' a refund of the remaining amount to TTCF is required.

Either post a cheque made out to The Trusts Community Foundation Limited with your Grant Number written on the reverse, **or** pay by direct credit to TTCF Ltd's BNZ account: 02-0922-0041300-00, with your Grant Number as the reference.

**PART THREE: EXPENDITURE DETAILS**

**9. Please complete the following breakdown of grant expenditure**

Item	\$ Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL SPENT</b>	<b>\$</b>

**10. What were the key outcomes for your organisation as a result of this TTCF grant?**

**PART FOUR: SUPPORTING DOCUMENTATION**

The following documentation is required to support this Accountability Report:  
 (Please tick the boxes to indicate the information is attached)

<b>For all TTCF Grants</b>	
<input type="checkbox"/>	Copy of bank statement showing the TTCF Grant deposit into your organisation’s bank account
<b>For TTCF grants where purchases have been made</b>	
<input type="checkbox"/>	Copy of invoice(s) to support the expenditure of the grant
<input type="checkbox"/>	Copy of the bank statement(s) showing the payment of the invoice(s)
<input type="checkbox"/>	If the payments have been made in batch form, a copy of the batch schedules
<b>For TTCF grants which have been spent on salary/wages</b>	
<input type="checkbox"/>	Copy of the wages/salary records
<input type="checkbox"/>	Copy of the IR345/IR348’s or payroll verification indicating gross salary, PAYE and name of employee(s)
<input type="checkbox"/>	If the payments have been made in batch form, a copy of the batch schedules
<input type="checkbox"/>	Copy of the bank statement(s) showing the payment(s) made from the organisation’s bank account.

**Send your completed Accountability Report & Supporting Documentation to TTCF:**

<b>By NZ Post</b>	TTCF, Private Bag 93108, Henderson, Auckland 0650
<b>By Courier</b>	TTCF, Level 3 Lincoln Manor, 295 Lincoln Road, Henderson, Auckland 0610
<b>By Email</b>	<a href="mailto:grants@ttcfltd.org.nz">grants@ttcfltd.org.nz</a> Please note: If emailing the Accountability Report & Supporting Documentation the ‘Declaration’ (refer to next page) with original signatures, must be posted separately.

**PART FIVE: DECLARATION**

**DECLARATION**

*Please note: this form needs to be completed by two authorised signatories to the organisation – original signatures only, not photocopied or scanned – and posted to TTCF.*

<b>Grant No:</b>
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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.

<b>Signature of First Authorised Signatory</b> <i>Original signature, not photocopied or scanned</i>	
<b>Full name in CAPITAL LETTERS</b>	
<b>Role (eg CEO/Principal/Chairperson)</b>	
<b>Date</b>	
<b>Signature of Second Authorised Signatory</b> <i>Original signature, not photocopied or scanned</i>	
<b>Full name in CAPITAL LETTERS</b>	
<b>Role (eg Secretary/Treasurer/Trustee)</b>	
<b>Date</b>	