

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**

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| --- |
| 1. **Full name of organisation – Type into grey box**
 |
|      *Note:**the organisation’s name should generally be the same as the bank account name* |
| 1. **Date of accountability report - Click on text below and select date from drop down box**
 |
| Click here to enter a date. |
| 1. **Name of Contact Person for this Accountability Report – Type into grey box**
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|  |
| **PART TWO: APPROVAL DETAILS***These can be found on the organisation’s ‘Approval Letter’* |
| 1. Grant Number & Amount of Grant – Type information into grey boxes
 |
| **Grant No:** **0 Grant Amount $** **0.00** |
| 1. **Date paid into bank account – Click on text below and select date from drop down box**
 |
| Click here to enter a date.*This will be the same as the date on your organisation’s ‘Approval Letter’* |
| 1. **Purpose for which funds were granted – Type into grey box**
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|  |
| 1. **Type of accountability report – Tick appropriate box**
 |
| Is the Accountability Report: Interim [ ]  Final [ ]   |
| 1. **If this is a Final Accountability Report, have you fully spent the funds granted?**
 |
| Tick appropriate boxYes [ ]  No [ ] If ‘No’ a refund of the remaining amount to TTCF is required.Either post a cheque made out to The Trusts Community Foundation Limited with your Grant Number written on the reverse, **or** pay by direct credit to TTCF Ltd’s BNZ account:02-0922-0041300-00, with your Grant Number as the reference. |
| **PART THREE: EXPENDITURE DETAILS** |
| 1. Please complete the following breakdown of grant expenditure
 |
| **Item – Type description of item into grey box** | **$ Amount – Type figures into grey box** |
|       | $ 0.00 |
|       | $ 0.00 |
|       | $ 0.00 |
|       | $ 0.00 |
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|       | $ 0.00 |
|       | $ 0.00 |
|       | $ 0.00 |
| **TOTAL SPENT** | **$** **0.00** |
|  |
| 1. What were the key outcomes for your organisation as a result of this TTCF grant?
 |
| Type into grey box |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART FOUR: SUPPORTING DOCUMENTATION***The following documentation is required to support this Accountability Report:* *(Please tick the boxes to indicate the information is attached)*

|  |  |
| --- | --- |
| **For all TTCF Grants – Tick appropriate boxes** |  |
| [ ]  Copy of bank statement showing the TTCF Grant deposit into your organisation’s bank account |
| **For TTCF grants where purchases have been made** |
| [ ]  Copy of invoice(s) to support the expenditure of the grant |
| [ ]  Copy of the bank statement(s) showing the payment of the invoice(s) |
| [ ]  If the payments have been made in batch form, a copy of the batch schedules |
| For TTCF grants which have been spent on salary/wages |
| [ ]  Copy of the wages/salary records |
| [ ]  Copy of the IR345/IR348’s or payroll verification indicating gross salary, PAYE and name of  employee(s) |
| [ ]  If the payments have been made in batch form, a copy of the batch schedules |
| [ ]  Copy of the bank statement(s) showing the payment(s) made from the organisation’s bank  account. |

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

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| --- | --- |
|  |  |
| **By NZ Post** | TTCF, Private Bag 93108, Henderson, Auckland 0650 |
|  |  |
| **By Courier** | TTCF, Level 3 Lincoln Manor, 295 Lincoln Road, Henderson, Auckland 0610 |
|  |  |
| **By Email** | grants@ttcfltd.org.nz Please note: If emailing the Accountability Report & Supporting Documentation the ‘**Declaration’ over the page needs to be posted****separately.** |

**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.***

**Grant Number:** **0**

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.

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| **Signature of First Authorised Signatory***Original signature, not photocopied or scanned* |  |
| **Full name in CAPITAL LETTERS** |       |
| **Role (eg CEO/Principal/Chairperson)** |       |
| **Date** | Click here to enter a date. |
|  |  |
| **Signature of Second Authorised Signatory***Original signature, not photocopied or scanned* |  |
| **Full name in CAPITAL LETTERS** |       |
| **Role (eg Secretary/Treasurer/Trustee)** |       |
| **Date** | Click here to enter a date. |
|  |  |