OFFICE USE ONLY DATE RECEIVED:

**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**

|  |
| --- |
| 1. **Full name of organisation** |
| *The organisation’s name should generally be the same as the bank account name* |
| **2. Date of accountability report** |
|  |
| 3. **Name of Contact Person for this Accountability Report** |
|  |

**PART TWO: APPROVAL DETAILS**

*These can be found on the organisation’s ‘Approval Letter’*

|  |
| --- |
| 4. Grant Number & Amount of Grant |
| **Grant No: $** |
| **5. Date paid into bank account** |
| *This will be the same as the date on your organisation’s ‘Approval Letter’* |
| **6. Purpose for which funds were granted:** |
|  |
| **7. Type of accountability report:** |
| Is the Accountability Report: Interim ☐ Final ☐ *Please tick* |

**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.

Pleasepay 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** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL SPENT** | **$** |
|  |
| 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)*

|  |  |
| --- | --- |
| **For all TTCF Grants** |  |
| ☐ 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 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. |

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

|  |  |
| --- | --- |
|  |  |
| **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 |

**PART FIVE: DECLARATION**

**DECLARATION**

***Please note: this form needs to be completed by two authorised signatories from the organisation –***

***then scanned to TTCF****.*

**Grant No:**

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.

|  |  |
| --- | --- |
|  |  |
| **Signature of First Authorised Signatory** |  |
| **Full name in CAPITAL LETTERS** |  |
| **Role (eg CEO/Principal/Chairperson)** |  |
| **Date** |  |
|  |  |
| **Signature of Second Authorised Signatory** |  |
| **Full name in CAPITAL LETTERS** |  |
| **Role (eg Secretary/Treasurer/Trustee)** |  |
| **Date** |  |
|  |  |