



Whārangī Tono Pūtea o te Hōro Taiwhenua Rural Hall Grant Accountability Form

Hall name:

Location:

Name of Owner Group:

Grant Amount:

Please provide details of how the grant was spent:

.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....
Total	\$.....

A brief description of the benefits that have been achieved with these funds:

.....
.....
.....

Name: Signature:

Position: Date:

Complete and return by 30 June.

This form must be **returned along with copies of relevant invoices or other proof of payment** before any future grants can be made.

Post: Community Funding Advisor
South Taranaki District Council
Private Bag 902
Hāwera, 4640

Email: funding@stdc.govt.nz