HOSTEL OF THE HOLY NAME TRUST

Accountability Report Form

IMPORTANT INFORMATION:

- a) Organisations will be required to complete an **Accountability Report** for all grants awarded within 12 months of receipt of grant funds. Accountability Reports may be requested earlier if there is an application for funds for a subsequent or new project submitted.
- b) The official Accountability Report form must be used and signed by an authorised person.
- c) Supporting documentation, including an expenditure report, must be provided.
- d) Unused grant funds will be required to be refunded immediately.

ORGANISATION	DET	AILS				
Legal Name:						
Physical Address:						
Postal Address:						
Telephone:						
Contact Person Details:						
Name:						
Position:						
Telephone:	DDI:		Mobile:			
Email:						
FINANCIAL DETAILS						
Grant Amount Received:		\$	Date r	received:		
Grant Amount Used:		\$	Exper	Expenditure Report Attached: □Yes		
*Grant Amount Unused:		\$		unused grant refunded:		
*Please contact the Hostel of the Holy Name Administrator for details on how to refund grant funds.						

Please use additional page	s to provide answers to the below.
Supporting documents for the	project must be attached to this form.
General description of project:	
Summarise how the grant was utilised (pleas	an attack Evenanditura Panarti.
Summarise now the grant was utilised (pleas	ве апаст Ехрепоните керотту:
Mhat impact has the project had?	the selection of the desired selection of the selection o
what impact has the project had ! (please prov.	ide relevant statistical information e.g. number of participants)
Summarise hindrances, delays, barriers tha	at provented expected outcomes:
ounnance minurances, uelays, partiers tha	at prevented expedied outcomes:
,(contact person) aq	ree the information provided is true and correct and I am
authorised to report on behalf of	•
	(2.94
Signature:	Date:
Hostel of the Holy Name Administrator - Em	ail:hosteloftheholyname@aucklandanglican.org.nz
Hostel of the Holy Name Administrator - Em	
Hostel of the Holy Name Administrator - Em	

Signed:

Date Received: