

# 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 DETAILS			
<b>Legal Name:</b>			
<b>Physical Address:</b>			
<b>Postal Address:</b>			
<b>Telephone:</b>			
Contact Person Details:			
<b>Name:</b>			
<b>Position:</b>			
<b>Telephone:</b>	<b>DDI:</b>		<b>Mobile:</b>
<b>Email:</b>			

FINANCIAL DETAILS			
<b>Grant Amount Received:</b>	\$	<b>Date Received:</b>	
<b>Grant Amount Used:</b>	\$	<b>Expenditure Report Attached:</b> <input type="checkbox"/> Yes	
<b>*Grant Amount Unused:</b>	\$	<b>Date unused grant was refunded:</b>	
<i>*Please contact the Hostel of the Holy Name Administrator for details on how to refund grant funds.</i>			

## PROJECT DETAILS

*Please use additional pages 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** *(please attach Expenditure Report):*

**What impact has the project had?** *(please provide relevant statistical information e.g. number of participants)*

**Summarise hindrances, delays, barriers that prevented expected outcomes:**

I, \_\_\_\_\_ *(contact person)* agree the information provided is true and correct and I am authorised to report on behalf of \_\_\_\_\_ *(organisation)*.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE EMAIL YOUR ACCOUNTABILITY REPORT FORM AND ALL SUPPORTING DOCUMENTS TO:**

**Hostel of the Holy Name Administrator - Email: [hosteloftheholyname@auckland.org.nz](mailto:hosteloftheholyname@auckland.org.nz)**

*(alternatively reports can be posted to - PO Box 37242, Parnell, Auckland, 1151)*

**Hostel of the Holy Name Admin Use Only:**

Application No: \_\_\_\_\_

Date Received: \_\_\_\_\_ Signed: \_\_\_\_\_