

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.
- 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) Applicants need to advise the Administrator if funds are unable to be expended within twelve months of being granted.
- e) Unused grant funds will be required to be refunded immediately.

ORGANISATION DETAILS

Legal Name:			
Physical Address:			
Postal Address:			
Telephone:			
Contact Person Details:			
Name:			
Position:			
Telephone:	DDI:		Mobile:
Email:			

FINANCIAL DETAILS

Grant Amount Received:	\$	Date Received:	
Grant Amount Used:	\$	Expenditure Report Attached:	<input type="checkbox"/> Yes
*Grant Amount Unused:	\$	Date unused grant was refunded:	

**Please contact the Hostel of the Holy Name Administrator for details on how to refund grant funds.*

PROJECT DETAILS

Please use additional pages to provide answers to the below if required.

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@aucklandanglican.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: _____