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:** ❒**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 YOURACCOUNTABILITY REPORT FORM AND ALL SUPPORTING DOCUMENTS TO:
Hostel of the Holy Name Administrator - Email:hostelotheholyname@aucklandanglican.org.nz
(alternativelyreports can be posted to 12 St Stephens Ave, Parnell, Auckland, 1052)

Hostel of the Holy Name Admin Use Only: Application No:_____

Date Received: _____ Signed: _____