NELSON TRIATHLON & MULTISPORT

INDIVIDUAL ACCOUNTABILITY FORM

To be completed within 12 months of receiving a grant. If the funds have not been fully expended, please contact us to discuss the progress of your activity for which the grant was requested.

Please note: Failure to complete a satisfactory accountability report will result in ineligibility for further funding until all outstanding accountability requirements have been met.

GENERAL DETAILS

1. FULL NAME OF GRANT RECIPIENT:

2a. NAME OF PARENT OR GUARDIAN IF RECIPIENT IS UNDER 18 YRS: **2b. RELATIONSHIP TO GRANT RECIPIENT:**

3. CONTACT DETAILS:

Work Ph ..... Home Ph ..... Mobile .....

Fax ..... Email .....

FUNDING DETAILS

4a. AMOUNT GRANTED:

$ .....

4b. AMOUNT SPENT (if different to amount granted):

$ .....

5. EVENT FOR WHICH THE GRANT WAS FUNDED:

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6. PLEASE COMPLETE THE FOLLOWING BREAKDOWN OF GRANT EXPENDITURE:

Receipts or proof of purchase in the recipient's (or guardian's) name need to be attached:

ITEM	$ AMOUNT
TOTAL EXPENDITURE*:	**$**

* Should equal the same as 4b above.

7. WHAT WERE THE KEY OUTCOMES:

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8. HOW WAS THE SUPPORT OF THE NELSON TRIATHLON & MULTISPORT CLUB ACKNOWLEDGED (Please attach evidence):

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9. DECLARATION (to be signed by recipient or guardian if recipient is under 18 yrs)

I hereby declare that the grant from the Nelson Triathlon & Multisport Club has been applied to the above project in accordance with the conditions set out by the Club and that all information supplied is correct. I acknowledge that we are personally liable for any loss to t h e Nelson Triathlon & Multisport Club arising from any false information supplied in support of this application or the accountability.

NAME: ..... POSITION: .....

SIGNATURE: ..... DATE: .....

NAME: ..... POSITION: .....

SIGNATURE: ..... DATE: .....

SEND ACCOUNTABILITY FORM TO:

Nelson Triathlon & Multisport Club
P O Box 906, Nelson, 7040

Ph: 021 393 010
Email: info@nelsontriclub.co.nz