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**MARAE DEVELOPMENT FUND
ACCOUNTABILITY FORM**

This Accountability Form is to be completed and returned within two months after the project completion date, either by:

* emailing to leanne.karauna@mstn.govt.nz
* posting to Masterton District Council, PO Box 444, Masterton 5840
* hand delivering to our Customer Service Centre, 161 Queen Street Masterton.

 *Please complete the following sections of the Accountability Form:*

|  |
| --- |
| 1. **General Details**
 |
| Name  |  |
| Organisation |  |
| Postal Address |  |
| Email |  |

| 1. **Project Details**
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| --- |
| Details of expenditure are as follows:(Show the total expenditure on the project, including any financial or in-kind contributions you have made)  |  |
| This grant had the following specific benefits for our marae/organisation or for participants - e.g. numbers of people involved/assisted/trained etc, details of programmes offered (add more paper if required) |  |
| Other comments |  |

Accountability Declaration

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the above organisation hereby confirm that we received funding assistance to the amount of

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

