

# 2026 COMMUNITY WELLBEING GRANT ACCOUNTABILITY FORM

Please complete all sections of this Accountability Form.

## A. GENERAL DETAILS

Organisation name

Postal Address

Contact Person

Organisation Position

Email

## B. ACCOUNTABILITY DECLARATION

This organisation hereby certifies that we received the below 2026 Community Wellbeing Grant from Masterton District Council (excluding GST if registered)

Date

Signed

Please type your name in the box above to sign on behalf of your organisation if you are completing this electronically.

### C. PROJECT INFORMATION

Please tick below the wellbeing area(s) your project contributed to.

| WELLBEING AREA(S)                                                                 |                                                                                   |                                                                                    |                                                                                     |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Social                                                                            | Cultural                                                                          | Environmental                                                                      | Economic                                                                            |
|  |  |  |  |
|                                                                                   |                                                                                   |                                                                                    |                                                                                     |

What was the grant used for?

How was the grant of benefit to your organisation?

How many people were involved in the project and how many benefited from it?

How successful was the project and was there any part of it that could have gone better?

## D. PROJECT EXPENDITURE

Please list below the costs for this project.

| <b>PROJECT COSTS</b> | <b>AMOUNT<br/>EXCLUDING GST</b> |
|----------------------|---------------------------------|
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| Total Project Costs  |                                 |

Please attach the following supporting documentation:

☐ A final summary of income and expenditure or your final budget

☐ Any relevant invoices pertaining to the funding tagged for this grant

If you have any questions regarding this Accountability Form please contact the Grants Administrator, Deanna Elwin, email [deannae@mstn.govt.nz](mailto:deannae@mstn.govt.nz)

Completed Accountability Forms should be returned as soon as possible after the project expenditure and no later than 31 May 2027.

|          |                               |             |                               |           |                                                                |
|----------|-------------------------------|-------------|-------------------------------|-----------|----------------------------------------------------------------|
| POST TO: | PO Box 444,<br>Masterton 5840 | DELIVER TO: | 27 Lincoln Road,<br>Masterton | EMAIL TO: | <a href="mailto:deannae@mstn.govt.nz">deannae@mstn.govt.nz</a> |
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