

OFFICE USE ONLY DATE RECEIVED:-

To be Emailed Only: Your accountability will be due 3 months from payment date. If your grant is for operational expenses or salaries an interim accountability is required every 3 months from payment date until the grant has been fully expended. Failure to complete a satisfactory accountability report and to provide the required supporting documentation will impede upon future applications.

PART ONE: ORGANISATION DETAILS

1. Full name of organisation		
The organisation's name should generally be the same as the bank account name		
2. Date of accountability report		
3. Name of Contact Person for this Accountability Report		

PART TWO: APPROVAL DETAILS

These can be found on the organisation's 'Approval Letter'

4. Grant Number & Amount of Grant	
Grant No:	\$
5. Date paid into bank account	
This will be the same as the date on your organis	ation's 'Approval Letter'
6. Purpose for which funds were granted:	
7. Type of accountability report:	
Is the Accountability Report: Interim \Box	Final Please tick

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Yes 🗌 No 🗌 Please tick

If 'No' a refund of the remaining amount to TTCF is required.

Please pay by direct credit to TTCF Ltd's BNZ account: 02-0922-0041300-00, with your Grant Number as the reference.

PART THREE: EXPENDITURE DETAILS

\$ \$10. What were the key outcomes for your organisation as a result of this TTCF grant?	tem	\$ Amount	nt
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PART FOUR: SUPPORTING DOCUMENTATION

The following documentation is required to support this Accountability Report: (Please tick the boxes to indicate the information is attached)

For all	TTCF Grants
	Copy of bank statement showing the TTCF Grant deposit into your organisation's bank account
For TT	CF grants where purchases have been made
	Copy of invoice(s) to support the expenditure of the grant
	Copy of the bank statement(s) showing the payment of the invoice(s)
	If the payments have been made in batch form, a copy of the batch schedules
For TT	CF grants which have been spent on salary/wages
	Copy of the payroll verification indicating gross salary, PAYE and name of employee(s)
	If the payments have been made in batch form, a copy of the batch schedules
	Copy of the bank statement(s) showing the payment(s) made from the organisation's bank account.

Email your completed Accountability Report & Supporting Documentation to TTCF:

Email	grants@ttcfltd.org.nz

PART FIVE: DECLARATION

DECLARATION

Please note: this form needs to be completed by two authorised signatories from the organisation

Grant No:	

We solemnly declare that all details contained in this report are true and correct to the best of our knowledge, and that we have the authority to provide this information.

Signature of First Authorised Signatory	
Full name in CAPITAL LETTERS	
Role (eg CEO/Principal/Chairperson)	
Date	
Signature of Second Authorised Signatory	
Full name in CAPITAL LETTERS	
Role (eg Secretary/Treasurer/Trustee)	
Date	