

Horowhenua Community Consultation Grant Accountability Form



To build long term customer confidence based on our competence, expertise, professionalism, pride, integrity and by being great to deal with.

Name of Organisation

Date Accountability Form due

Contact Details

Name

Role/position in organisation

Email

Daytime phone

Mobile phone

Postal Address
Including
Postcode

Physical Address
Including Postcode
(if different)

Organisation and Project

Please describe the outcomes of the project

When did the project start?

When did the project finish?

Or, is this project ongoing?

Yes

No

What Horowhenua District Council Strategy did this project fit within?
(see www.horowhenua.govt.nz)

Youth

Positive Aging

Disability

Education

Economic Development

Regional Health

Regional Transport

Active Communities

Other (please specify)

What outcomes did this project meet?

What benefits did this project bring to your community/targeted population?

Community Collaboration

Has this project enhanced Community Collaboration? *Please explain*

Finances

\$ Amount of funding you received *(please attach receipts)*

Was any funding left over from this project? *(If YES, this needs to be returned to Horowhenua District Council)*

Yes No

Additional Information

Please list, and attach, any media items about your project, or other supporting documents

Is there any further information that indicates the success of this project, and the value it has added to your community?

Signature

By typing your name in the space provided below, you are 'electronically signing' this form.

Name:

Date:

Role/position in organisation

Name:

Date:

Role/position in organisation

HDC is committed to being environmentally sustainable, therefore please submit your application electronically to:

recordsprocessing@horowhenua.govt.nz

Please remember to attach any supporting documents.

If you require further information please contact a member of our Customer Experience team on:
06 366 0999

