

PROJECT REPORT FORM – COMMUNITY INITIATIVES FUND 2017/18

Please return to: Grants Administrator
By mail: Rangitikei District Council, Private Bag 1102, Marton 4741
Or hand deliver to: Rangitikei District Council Office, 46 High Street, Marton; or
Taihape Service Centre, Hautapu Street, Taihape
Or by email to: christin.ritchie@rangitikei.govt.nz

NO LATER THAN THREE MONTHS AFTER THE COMPLETION OF THE PROJECT, TO BE ACCOMPANIED BY AN INCOME AND EXPENDITURE REPORT (ATTACHED)

If you do not complete and return this form this will affect your eligibility for future funding.

- 1 Name of applicant: _____
- 2 Name of project: _____
- 3 Date and location of project: _____
- 4 Amount received from the Community Initiatives Fund: \$ _____

Please answer the following questions and use additional sheets if necessary

How many people benefited from your project/programme? _____

Was this number:

- More than you expected?
- What you expected?
- Less than you expected?

Describe the main findings in your evaluation of the project and how it benefited the community:

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What worked really well?

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What didn't work so well/could be improved?.....

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Please report on your success at achieving the three targets you identified in your application (attach another sheet if necessary)

Target 1:

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Target 2:

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Target 3:

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Please describe how you promoted the support of the Rangitikei District Council for your project/programme (attach examples of leaflets or publicity if appropriate)

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Please describe how you implemented the Healthy Families principles, and describe any further support or information that would have been helpful for you.

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Please complete the attached income and expenditure statement for your project (following page), showing all income and expenditure associated with the project.

Surplus/(deficit) \$.....

Income and expenditure statement

(Please list all income and expenditure associated with the project)

Income	Amount	
Donated material	\$	
Cash in hand towards project	\$	
Actual fundraising amount received	\$	
Ticket sales	\$	
Other sponsorship/grants (please specify source/s below)		
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total income (GST inclusive / exclusive. Please delete one)	\$	
Expenditure	Amount	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total expenditure (GST inclusive / exclusive. Please delete one)	\$	
Surplus / (deficit) (GST inclusive / exclusive. Please delete one)	\$	

Signature _____

Date _____

PRINT NAME _____