



# COMMUNITY ORGANISATION GRANTS SCHEME ACCOUNTABILITY REPORT FINAL



## OFFICE USE ONLY

Date received:

Date acknowledged:



## SUMMARY AND SIGNATURES

### Application Summary

Organisation Name

Committee

Funding round

Amount Allocated

Client Number

Application Number

### The committee's decision was as follows:

The Committee has made a 'global contribution'. This means that the grant can be used toward one or more of the items applied for up to the maximum requested for each item. Additional Notes: The Committee approved the grant because the service or project meets the COGS criteria for funding

Amount Allocated: €	4000.00
GST Amount: €	600.00
Total Payment: \$	4600.00





## SECTION A: BUDGET

Please read the following instructions :

1. Column 1 shows the requested amount from the original applicaiton
2. In Column 2 include the amount of the allocated COGS grant that you have used  
- Note that you cannot put an amount more than the requested amount as shown in Column 1
3. Please do not include any GST amount you may have received - this should be paid directly to the Inland Revenue Department
4. Please take care to put no more than the amount you requested - doing so will cause delays in processing as the form will be returned to you to correct the amounts

Amount Allocated: \$ 4000.00

A1 Please insert the amount of funds used next to each item in the table below.

EXPENDITUR	COLUMN 1 REQUESTED AMOUNT	COLUMN 2 AMOUNT OF GRANT USED
<i>Personnel Costs</i>		
Wages/Salary	6264.00	1440.00
Training	2000.00	2000.00
Facilitator Fees		
Travel / Mileage	0.00	0.00
Professional Fees eg Supervision		
Childcare eg creche for meetings		
Volunteer expenses reimbursement	1736.00	560.00
<i>Operating Costs</i>		
Power / Gas / Water		
Rent		
Telephone / Internet		
Administration		
Stationery		
Advertising		
Photocopying		
<i>Programme Costs</i>		
Venue Hire		
Equipment Hire		
Conference / hui / fono		
Consumable materials - eg craft supplies, tapes, books		
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$ 10000.00</b>	<b>\$ 4000.00</b>

**A2 Amount**

unspent :

This is the grant amount allocated (excl. of GST), minus the total amount used as detailed in A1.

\$ 0

If you have spent the grant amount allocated in full please go to Section B: **Final Report Feedback**.

If your grant amount allocated has not been spent, or only partially spent, please go to question **A3**.

**A3 Has 12 months passed since the grant was approved?**

The committee approved the grant on: 22 Jul 2014

Yes

No

**SECTION B: FINAL REPORT FEEDBACK**

**B1 How has this grant helped your organisation to meet its aims and objectives?**

Vision Statement: An avenue to empowerment, participation and contribution. The grant has assisted with volunteer expenses, training for staff and volunteers for professional development etc.

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**B2** How has your organisation contributed to the well being in your community over the past year as a result of your COGS grant?

Our services provide support, information and resources to people with disabilities and health conditions, empowering and support them and their families/carers/whanau to live better lives and contribute to their communities, giving them a sense of belonging.

**B3** Please provide a 'good news' story concerning the achievements of your group in the community over the past year, as a result of this COGS grant.

We have worked collaboratively with Womens Refuge [redacted] and we have supplied her with a hire mobility scooter, emergency equipment through a potential civil defense emergency and also supported her at WINZ and doctors appointments.

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**B4** If there is any difference between the amount actually spent and the grant amount allocated. Please outline the reason

**SENDING US YOUR REPORT**

Two people with the authority to sign on behalf of the organisation must complete and sign the Accountability Report Declaration on the back of the page.

**Please send your Accountability Report to your nearest regional office of Internal Affairs.**

Check the information sheet for the nearest regional office.

PO Box 19 230

Hamilton 3204

Released under the Official Information Act 1982



COMMUNITY ORGANISATION GRANTS  
SCHEME  
**ACCOUNTABILITY  
DECLARATION**



OFFICE USE ONLY

Client number:

Committee:

Application number:

This declaration must be signed by two people from your organisation who are 18 years of age or older with authority to sign on behalf of the organisation. Signatories cannot be discharged bankrupt, be immediately related or partners, and cannot live at the same address. They must have a daytime contact phone number and be contactable during normal business hours.

On behalf of

We the undersigned declare the following:

1. We did not receive a salary or any other pecuniary gain from the proceeds of this grant.
2. We have acknowledged the receipt of a COGS grant as a separate entry in our accounts, or a note to our accounts, in our organisation's annual report.
3. If requested by the Department of Internal Affairs we will provide any files or records that relate to the expenditure of this grant for inspection. Our records include two of the following: (please tick the relevant box)
  - Receipt of purchase for goods or services
  - Copy of our organisation's bank statement
  - Separate entry in our organisation's accounts, or in a note to its accounts
  - Minutes that reflect approval of payments using the grant funds, as part of regular financial reporting to the full meeting of our organisation's governing body
  - Our organisation's annual report showing the COGS grant as a separate entry
4. We acknowledge that if this grant has been misappropriated and no satisfactory remedial action undertaken, the Department of Internal Affairs may recover the grant funds and may deem our organisation ineligible to receive further grants.
5. **Tick if appropriate**  We have enclosed a cheque to return to the Department of Internal Affairs the portion of the grant that we have not spent on the approved purpose(s)  
*(Note: cross out the last sentence if you did not receive GST with the grant payment.)*
6. **The details we have given in all sections of this Accountability Report are true and correct to the best best of our knowledge, and reasonable evidence has been provided to support our Accountability Report.**



# SIGNATOR Y

## A Signatory One

First name

Last name

Postal Address

City/Town

Daytime phone number

Alternative phone number

Position

Signature

Date

(day / month / year)

## B Signatory Two

First name

Last name

Postal Address

City/Town

Daytime phone number

Alternative phone number

Position

Signature

Date

(day / month / year)

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