Application Ref: 334514

Group Name: Thames/Hauraki Health & Disability Resource Centre Trust



## **COMMUNITY ORGANISATION GRANTS**

## ACCOUNTABILITY REPORT FINAL



OFFICE USE ONLY		361
Date received:	Date acknowledged:	1/2



## SUMMARY AND SIGNATUR ES

**Application Summary** 

**Organisation Name** 

Thames/Hauraki Health & Disability Resource Centre Trust

Committee

Hauraki

Funding round

17 Oct 2013

**Client Number** 

219223

**Amount Allocated** 

3000.00

**Application Number** 

334514

### 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 3000.00
Allocated: ©
GST Amount: 450.00
©
Total Payment: 3450.00



Client ref: 219223

Te Tari Taiwhenua



## SECTION A: BUDGET

## Please read the following instructions:

- 1. Column 1 shows the requested amount from the original application
- 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: \$

3000.00

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

EXPENDITUR	COLUMN 1 REQUESTED	COLUMN 2 AMOUNT OF
Personnel Costs		
Wages/Salary	4000.00	0.00
Training	1500.00	923.00
Facilitator Fees	1,10	
Travel / Mileage	1500.00	0.00
Professional Fees eg Supervision	CO	
Childcare eg creche for meetings	OFFICE OF THE PROPERTY OF THE	
Volunteer expenses reimbursement	2500.00	2077.00
Operating Costs	No	*
Power / Gas / Water		
Rent	C	
Telephone / Internet		
Administration		
Stationery		
Advertising		
Photocopying		
Programme Costs		
Venue Hire		
Equipment Hire		
Conference / hui / fono		
Consumable materials - eg craft supplies, tapes, books		
TOTAL AMOUNT REQUESTED	\$ 9500.00	\$ 3000.00

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Group Name: Thames/Hauraki Health & Disability Resource Centre Trust

### **Amount** A2

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

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.







SECTION B: FINAL REPORT FEE

DBACK

How has this grant helped your organisation

Our vision statement is "An avenue to eminformation and support people ""

contribute to society. The "

leads to these goa" leleased under

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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?

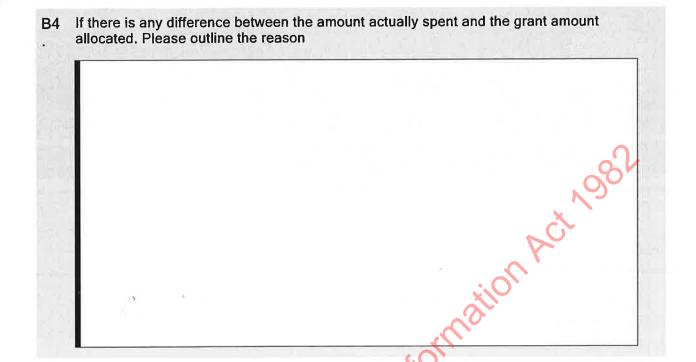
We have been able to provide correct information advice and support to empower people with disabilities and ill health to live better lives and contribute to their community.

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.

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Group Name: Thames/Hauraki Health & Disability Resource Centre Trust



## 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 Han

Hamilton 3204

Document 2

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Group Name: Thames/Hauraki Health & Disability Resource Centre Trust





# COMMUNITY ORGANISATION GRANTS ACCOUNTABILITY DECLARATION



OFFIC	EUSEONLY	Committee:	Hauraki
Client number:	219223	Application number:	334514
number.		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 beh	alf of(organisation's name)
PACIFIC -	(Signification Straine)
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 <u>receipt</u> 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 misanpropriated and no satisfactory remodial action

- 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 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.)
- 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.

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Sonte Trust

## SIGNATOR Y

Postal Address	City/Town
Daytime phone number	Alternative phone number
Position	
Signature `	Date / (day / month / yea
Signatory Two First name	Last name
Postal Address	City/Town
Daytime phone number	Alternative phone number
Position	
Signature	Date