Waimakariri District Council
215 High Street
Private Bag 1005
Rangiora 7440, New Zealand
Phone 0800 965 468

Oxford-Ohoka Community Board

Accountability Form for 2026/2027 Discretionary Grant Recipients

For funding provided during the period July 2026 – June 2027

This form is to tell the Board what you spent the money on.

The purpose of the accountability form is to provide transparency in relation to public funds granted to community groups to provide the Board with feedback on the event/project and its impact in the community.

Please complete this form and return within 20 days after the event or completion of the project. You must return this form in order to be eligible for future funding. The Board would also appreciate any photos, where practically possible, of the event/project and permission to utilise the photos on its Facebook page, the Council's website and other social media. The information provided will be used in a report to the Board that will be publicly available.

Name of group: _____

Date: _____ Amount allocated: $ _____

Purpose for grant: _____

Please give details below of how the money was spent. Include receipts or bank statements as proof of purchase.

_____ $ _____

_____ $ _____

_____ $ _____

Give a brief outline on how the funds were applied and the benefits that have been achieved with these funds including the number of people who attended or were assisted. Please include photographs, where possible:

(Use additional pages if necessary)

Permission to use photos on the Board's Facebook page, the Council's website and other social media: ☐ Yes ☐ No

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Two authorised signatories to complete the details below:

I am authorised to act on behalf of our group/organisation. The information provided is true and correct and I confirm that the funds received from the Community Board Grant have been spent as detailed in this accountability report.

Date: _____

First contact name: _____

Signature: _____

Position: _____

Phone: _____

Email: _____

Address: _____

_____

Date: _____

Second contact: _____

Signature: _____

Position: _____

Phone: _____

Email: _____

Address: _____

_____

Return to:

Governance Team
Waimakariri District Council
Private Bag 1005
Rangiora 7440

OR

IM@wmk.govt.nz