





FAR NORTH RURAL TRAVEL FUND PROJECT REPORT

A.	Details					
Name	of organisat	ion:				
Conta	ct person:					
Postal	l address:					
Telephone:			Email:			
В.	FINANCIA	L (Attach copies of relevant bank	statements, a	all invoices & receipts for grate	ed Rural Travel Fund)	
1.	Community Board meeting date the grant was approved					
2.	Please indicate the successful amount that you received					
	\$(FNDC contr		oution)	\$	(Other Funders)	
	\$	(Your Contrib	ution)	\$	(Total)	
3.	What other, if any, organisations did you receive funding from? (briefly explain using the following table)					
Date		Organisation	Purpose o	f Funding	Amount Received	
					\$	
					\$	
					\$	
				TOTAL EXPENSES	\$	
4.		plain in detail how the fundir the following table)	ng you rece	ived through the FNDC T	ravel Fund was	
Date		Supplier/Service/Provider	Item		Expense (\$)	
					\$	
					\$	
					\$	
					\$	
					\$	
		Receipts required		TOTAL EXPENSES	\$	







C. DESCRIPTION OF FUNDING ALLOCATION

1.	What were some of the benefits in having the travel fund approved?
2.	In your opinion did the Far North Rural Travel Fund help your organisation/group increase participation in sport/recreation?
D.	FUNDING TIMEFRAMES
	nds must be expended within six months of being received. If funding is not spent as allocated it is pected that the funding will be returned to Council.
E.	Checklist
	1. Have you answered every question?
	1. Have you attached a recent bank statement showing the funding being spent?
	2. Have you attached all receipts as proof of expenditure?

Thank you for taking the time to complete the project report. Please remember that in not returning a project report your organisation or group can be deemed ineligible for future funding.

Send your project report and attached documents to;

funding@fndc.govt.nz (PDF attachment via email preferred)

OR: mail to

Funding Advisor Far North District Council Private Bag 752 **KAIKOHE** 0440

Or contact us;

(09) 401 5200 funding@fndc.govt.nz www.fndc.govt.nz