



## DEVELOPMENT FEASIBILITY FUND ACCOUNTABILITY RECORD

Application No. \_\_\_\_\_  
*(office use only)*

**PLEASE NOTE THAT THIS FORM SHOULD BE COMPLETED AND RETURNED WITHIN 2 MONTHS OF THE COMPLETION OF THE STUDY**

Name \_\_\_\_\_

Name of organisation \_\_\_\_\_

Postal address \_\_\_\_\_

Street address \_\_\_\_\_

Telephone No \_\_\_\_\_ Fax: \_\_\_\_\_

Funding received \$ \_\_\_\_\_

We certify that \$ \_\_\_\_\_ of this grant was spent entirely for the event specified above and attach documentation clearly confirming this.

DETAILED RECEIPTS ARE PREFERRED but detailed invoices supported by bank statements clearly confirming payments are acceptable.

Signed on behalf of the above organisation:

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

## The Study

What was the outcome of your study?

What will be your next steps?

If you would like further help to fill to progress your initiative, please contact

***The Economic Development Officer  
Kawerau District Council  
Private Bag 1004  
KAWERAU 3169***

***Ph: (07) 306 9009  
Fax: (07) 323 8072***