



EVENT MARKETING FUND ACCOUNTABILITY RECORD

Application No. _____
(office use only)

**PLEASE NOTE THAT THIS FORM SHOULD BE COMPLETED AND RETURNED WITHIN 2
MONTHS OF THE EVENT TAKING PLACE**

Name of event _____

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.

Signed on behalf of the above organisation:

Name: _____

Signature _____

Title _____

Date _____

The Event

In which local authority area(s) did your Event take place?

Where did the participants of your Event, come from? Please estimate numbers.

Did your Event attract a particular age group? Please tick appropriate box

under 24 25 – 54 yrs Over 55 All People

Did your Event attract a particular interest group/s? If so please state

What were the benefits of your Event to the Kawerau District?

How did you advertise or promote the Event?

How did the grant help you to achieve your purpose?

Money and Resources

Please outline the costs of your event. Organisations not registered for GST should include GST in their income and expenditure.

In your application you specified that the Event Marketing Grant would contribute to the cost of		Please tell us what the money was actually spent on	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Please attach substantiating documentation

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