# CATHOLIC CARING FOUNDATION *Accountability Report*

Please complete this form telling us how your organisation and the community have benefited from Catholic Caring Foundation funding.

Please include from your organisation the following:-receipts, a verified copy of a bank statement showing relevant transactions; this helps us to see how you have accounted for the grant.

If your Annual Report or any similar document contains this information, you may like to send this in as well.

|  |  |
| --- | --- |
| ***Your organisation:*** |  |
| ***Your reference number:*** |  |
| ***Amount approved:*** |  |
| ***What the grant was approved for:*** |  |

**1. A Brief outline of your organisation.**

Please provide a brief outline of your organisation:

**2. What has your organisation spent this grant on?**

Please provide any project delivery data (eg number of participations, number of projects, attendance or other key project statistics).

**3. How is Catholic Caring Foundation funding helping you deliver the outcomes you identified in your application?**

**4. How is the community benefiting from your organisation having this grant?**

**This can include a case study, please state if this can be used by Catholic Caring Foundation for publicity.**

**4. To be signed by the Chairperson or President of your organisation.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Full name:*** |  | ***Position:*** |  |
| ***Date:*** |  | ***Signature:*** |  |

Please print, sign and send this report back to Catholic Caring Foundation, along with copies of financial proof.

***The*** ***Catholic Caring Foundation***

*30 New St, Ponsonby*

*Private Bag 47904*

*Ponsonby*

*Auckland 1144*

***Catholic Caring Foundation Staff to complete when conditions met***

|  |  |
| --- | --- |
| ***Grants Advisor*** |  |
| ***Date*** |  |