



Creative Communities Scheme Funding Project Accountability Form

This Project Completion Report form must be submitted within two months after your project has been completed.
Please note that if you don't complete and return a satisfactory report you or your group will not be eligible for future Creative Communities Scheme funding.

Name of applicant:

Project name:

Start date:

Finish date:

Number of people who *actively* participated in your project?

Number of people who came to see a performance or showing of your project?

1. Give a brief description of the highlights of your project:

What worked well? What didn't work? What might you do differently next time? Are there any future plans for this project? If you require more space please attach additional pages.

Project costs
Write down all of your project costs. Include all items from the budget in your application.

Item <i>eg. Venue hire</i>	Budgeted cost (from application) <i>eg \$600</i>	Actual cost <i>eg \$400</i>	Reason for difference in amounts (if any) <i>eg Project moved to cheaper venue</i>
Total costs	\$	\$	

Project Income	
Write down all of your project income. Include all items from your application budget. Include your Creative Communities Scheme grant.	

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Item	Budgeted income (from application)	Actual cost	Reason for difference in amounts (if any)
<i>eg Ticket sales</i>	<i>eg \$1600</i>	<i>eg \$1700</i>	<i>eg Extra tickets sold</i>
Creative Communities Scheme Grant	\$	\$	
Total income			
Costs less income			

You may be required to provide receipts for this project. Please keep your receipts in a safe place for seven years.

4. Other material. Please attach copies of any of the following :

- A summary of participant or audience survey results
- Newspaper articles or reviews
- Responses from other people involved in the project
- Responses to the project from other funding bodies or partners/supporters
- Photos of the project and/or artwork

Do we have permission to use these photos to promote the Creative Communities Scheme? Yes

☐ No ☐

I certify that the funding information provided in this application is correct.

Signature: _____ Date: _____

Position in organisation *(tick which applies)*

Chairman

☐

Secretary

☐

Treasurer

☐

Please return your Project Completion Report to:

Waikato District Council Community Development Team

Private Bag 544

Ngaruawahia

3742

or by email to funding@waidc.govt.nz .