

Project Report COMMUNITY GRANT FUND - LOCAL

At the completion of a project that received community funding, recipients are required, as stated in the Community Grant Policy, to submit a Project Report to the Community Board. Project Reports are to be received no later than two months after the completion of the project or if the activity is ongoing, within two months of the funding being spent.

Applicants who fail to provide a project report within the required time will not be considered for future funding.

Funding Advisor Far North District Council	m to: funding@fndc.govt.nz PDF attachment via email is preferred) OR:
Private Bag 752 KAIKOHE 0440	
Name of organisation:	Whangaroa Health Services Thut
Name & location of project:	kaeo - The Pa
Date of project/activity:	4-4-2020
Which Community Board did	you receive funding from? Kaikohe-Hokianga Bay of Islands-Whangaroa
Amount received from the Co	ommunity Fund: \$918-85

Please give details of how the money was spent:

Board meeting date the grant was approved:

• Your contribution to the project and the funding you received from the Community Board must be accounted for

2020

Attach supplier receipts or bank statements to show proof of expenditure of Community Board funds.

Supplier/Description	\$amount	Receipt/s attached (please tick)
Big Blue	\$ 918.85	~
	\$	
	\$	
	\$	
Total:	\$	2.01

Give a brief description of the highlights of your project including numbers participating:

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Private Bag 752, Memorial Ave, Kaikohe 0400, New Zealand, Freephone: 0800 920 029, Phone: (09) 405 2750, Fax: (09) 401 2137, Email: ask.us@fndc.govt.nz, Website: www.fndc.govt.nz Describe the main findings in your evaluation of the project/event; describe how your project/ event benefited the community:

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Please provide details and attach or email photos and/or any marketing collateral that was produced for your event/project acknowledging the Community Board:

If you have a Facebook page that we can link to please give details:

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This report was completed by:

Name:	Rachel Palmer.
Address:	180 Omauni Road
Phone	09 405 0355 ext 215, mob: 0211564827
Email:	rachel @ what org. Dz
Date:	12-5-20

Schedule of Supporting Documentation

Whangaroa Health

The following supporting documentation has been provided in support of the project report and is emailed under separate cover.

1	Bank Statement
2	Deposit Slip
3	Newspaper Article