
7. WHAT WERE THE KEY OUTCOMES:

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8. HOW WAS THE SUPPORT OF NETWORK TASMAN CHARITABLE TRUST ACKNOWLEDGED (Please attach evidence):

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9. DECLARATION (to be signed by recipient or guardian if recipient is under 18 yrs)

I hereby declare that the grant from Network Tasman Charitable Trust has been applied to the above project in accordance with the conditions set out by the Trust and that all information supplied is correct. I acknowledge that we are personally liable for any loss to Network Tasman Charitable Trust arising from any false information supplied in support of this application or the accountability.

NAME: POSITION:

SIGNATURE: DATE:

NAME: POSITION:

SIGNATURE: DATE:

SEND ACCOUNTABILITY FORM TO:

Alicia Chapman
Network Tasman Charitable Trust
C/- Craig Anderson Ltd
270A Queen Street, Richmond, 7020
P O Box 3115, Richmond, 7050

Ph: (03) 544 6179
Fax: (03) 544 5979
Email: alicia@caca.co.nz (Preferred if possible)