

Saddle Hill Community Board

PROJECT COMPLETION REPORT

Organisation: _____

Contact person: _____ Position: _____

Email: _____ Phone: _____

Project / event name: _____

SHCB grant: \$ _____ Date of meeting at which grant was awarded: _____

Project/event completion date: _____

Project / event expenditure:

Please provide a detailed breakdown of expenditure for the SHCB grant (insert extra lines if needed):

Item	Amount \$
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL EXPENDITURE OF GRANT	

Outcomes and community benefits:

Please describe the outcome of the project or event and how it benefited the Saddle Hill community.

At the completion of the project / event (and within 12 months of the meeting at which the grant was awarded) please send your project completion report to:

The Governance Support Officer at: gsoteam@dcc.govt.nz

OR

Governance Support Team, Dunedin City Council, PO Box 5045, DUNEDIN 9058