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| **Sport NZ Rural Travel Fund**  **Accountability Forms for RTF Allocations** | **Clutha District Council** | cdc logo |

**Please attach the following and return to Clutha District Council, P O Box 25, Balclutha, or email to help.desk@cluthadc.govt.nz, by 30 June 2023**

**• Receipts of RTF allocations**

**• RTF bank account statements**

**• Any other supporting documentation**

|  |  |  |  |  |  |  |  |  |
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|  | Clutha | | | | | | | |
| **Name of organisation:** | | | |  | | | | |
|  | | | | | | | | |
| **Amount of travel subsidy:** | | | |  | | | | |
|  | | | | | | | | |
| **Estimated cost of travel per year for club/organisation:** | | | | | | |  | |
|  | | | | | | | | |
| **Please give details of how the subsidy was spent by providing a detailed breakdown of expenditure (i.e. cost of fuel, cars and/or bus/van hire).** | | | | | | | | |
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| **If vouchers/cash were issued, please complete the following:** | | | | | | | | |
| **DATE** | **ISSUED TO** | | | | **SPORT EVENT** | | **AMOUNT** | |
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| **Distance travelled to local sport competition:** | | | | | | | | |
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| **How many participants aged between 5 & 18 will this travel subsidy benefit?** | | | | | | |  | |
|  | | | | | | | | |
| **Participant Details:** | | | | | | | | |
| Numbers | | | | | | | | |
| **Aged between 5-11 yrs** | | |  | | | **Aged between 12-18 yrs** |  | |
| Gender | | | | | | | | |
| **Female Applicants** | | |  | | | **Male Applicants** |  | |
| **Does this investment support those participants with a disability?** | | | | | | | | |
| **Yes – number supported** | | |  | | | **No** |  | |
|  | | | | | | | | |
| **Briefly describe the benefits that have been achieved with these funds:** | | | | | | | | |
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| **In your opinion, did the rural travel fund assist your team/organisation to increase participation in your local sport competition in rural areas?**  **Comments:** | | | | | | | | |
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| **Name and signature of two people from your club/organisation:** | | | | | | | | |
| **First contact**: | |  | | | | | **Signature:** |  |
|  |  | | | | | | | |
| **Position:** | |  | | | | | **Date:** |  |
|  |  | | | | | | | |
|  |  | | | | | | | |
| **Second contact:** | |  | | | | | **Signature:** |  |
|  |  | | | | | | | |
| **Position:** | |  | | | | | **Date:** |  |
|  | | | | | | | | |

**Return to by 30 June 2023:**

The Corporate Services Administrator

Clutha District Council