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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**

|  |  |
| --- | --- |
|  | 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).** |
|  | **$** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **If vouchers/cash were issued, please complete the following:** |
| **DATE** | **ISSUED TO** | **SPORT EVENT** | **AMOUNT** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
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|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |  |  | **$** |
|  |
| **Distance travelled to local sport competition:** |
|  |
|  |
|  |
|  |
|  |
| **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:** |
|  |
|  |
|  |
|  |
| **In your opinion, did the rural travel fund assist your team/organisation to increase participation in your local sport competition in rural areas?****Comments:** |
|  |
|  |
|  |
|  |
| **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