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**Ngākahu Ruruhau | National Repatriation Fund**

**Final report**

The purpose of this final report is to fulfil the requirements set out in the Ngākahu Ruruhau Agreement.

The final report also helps National Services Te Paerangi to fulfil its accountability requirements.

The report should be brief, up to 5 pages should be sufficient for most projects. Please attach additional information at the end of the document as required.

**What is the name of your organisation?**

Click or tap here to enter text.

**Address**

|  |  |
| --- | --- |
| Postal address | Click or tap here to enter text. |
| City / Town | Click or tap here to enter text. |

 **Contact person** **regarding this report**

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Phone (daytime):  | Click or tap here to enter text. |
| Phone (evening): | Click or tap here to enter text.  |
| Email:  | Click or tap here to enter text. |

**Final report due date** / /

**Project details**

|  |
| --- |
| **Brief summary of how funding was used**   |
|  |
|  |
| **How does the use of your funding advance your goals and objectives?**  |
|  |

**Financial information.** Please enter GST exclusive costs and attach receipts/invoices for any expenditure for the project funded by the grant.

|  |  |
| --- | --- |
| **Expenditure (project costs)** |  |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total cost of project** | **$** |
| **Total amount granted by Ngākahu Ruruhau**  | **$** |
| **Total amount (if any) left over from Ngākahu Ruruhau**  | **$** |

**Future direction**

|  |
| --- |
| **How has this funding contributed to the future direction of repatriation of human remains in your organisation?** |
|  |

Supporting documentation

|  |
| --- |
| **Please list below details of any supporting documentation provided. Any confidential material or material under copyright should be marked as such.** |
|  |

**Declaration**

1. The funds received were used only for the purpose for which they were approved.

2. To the best of my knowledge, the information contained herein is true and correct.

#### For and on behalf of your organisation

#### Click to enter the full name of your organisation.

**CEO / Director / Manager Chairperson**

Signature

Full name Click or tap here to enter text. Click or tap here to enter text.

#### Date / /

**Please email your report to:**

NSTPGrants@tepapa.govt.nz

If you need any assistance or have any questions, please call our freephone helpline 0508 NSTP HELP (0508 678 743)