



### Monitoring Report

for Installment Installment Eight report due on 26/02/2010

#### APPLICATION/ORGANISATION DETAILS

SmartFund Ref: NDOE/HO.374.20209.16081  
 Project Name: FOMANA Charitable Purposes Project  
 Organisation Name: FOMANA Capital Ltd  
 Address: 108 The Terrace,  
 Wellington,

#### MONITORED DETAILS

<b>Short Outcome</b>	Delivery of an effective training package to Maori charitable entities on the policy, processes, requirements and compliance systems of the charities/tax regime.
<b>Output</b>	Final training package on charities/tax compliance completed, published and distributed to enable delivery to Māori entities as agreed between the parties.
<b>Success Indicators</b>	Training package completed, published and distributed within timeline and budget.
<b>Status</b>	Achieved

<b>Risk Monitoring</b>	
<b>Risk</b>	The demand for the new standards and audit models for Maori is not met.
<b>Risk Comments</b>	Give the project is making steady progress, the new standard and audit model will be available as planned to meet the needs of Māori.
<b>Status</b>	Not Applicable

#### ASSESSOR COMMENTS

The Training Toolkit was piloted in five workshops held over October 2009 and subsequently refined in response to feedback received from participants and trainers.

#### QUALITY ASSESSOR COMMENTS

Report, which includes a copy of the Charitable purposes and Tax Compliance systems programme, is original & signed off by authorised person - Project Manager Kim Skelton.  
 Following the pilot workshops with chosen Maori entities the training package was completely revised, refined and updated following trainer observation, conversation with the project sponsor and feedback from the pilot programme workshop participants. Prj Control group anticipate the changes better meet the outcome/output .  
 It is a well researched and comprehensive compliance toolkit which will benefit many Maori charities.  
 New risk  
 How will Maori charities know about this toolkit, where do they get it from  
 TPK will have ownership of the training kit

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**INVESTMENT MANAGER COMMENTS**

concur with comments from Assessor and authorise payments

Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

Quality Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

Investment Manager: \_\_\_\_\_

Date: \_\_\_\_\_

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