

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



# **AKARANA**

## **COMMUNITY TRUST**

# **GRANT APPLICATION FORM**

**AKARANA COMMUNITY TRUST LTD**

PO Box 217231 Botany Junction Auckland 2164 | [www.akaranacommunitytrust.co.nz](http://www.akaranacommunitytrust.co.nz)

# AKARANA COMMUNITY TRUST LTD

## GRANT APPLICATION FORM

### Organisation Name

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### Type of Organisation

(e.g. Incorporated Society, Charitable Trust, School)

### Purpose of Organisation

(e.g. Sports club)

### Organisation Incorporation Number

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### New Zealand Business Number

(Your NZBN number may be found at [www.nzbn.govt.nz](http://www.nzbn.govt.nz))

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### Address

(Street Address & PO Box Number)

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### Main Contact Person

Name

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Position

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Address

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Email

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Telephone work

Telephone home

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Mobile

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### Website

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### Have you used a professional fundraiser to assist you with this application?

Yes

No

### Specific reason for grant application

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### Total Amount Requested

\$ \_\_\_\_\_

GST Incl.  GST Excl.

GST Registered? Yes  No

GST Number \_\_\_\_\_

### Have you applied for funds for the same purpose from any other source?

Yes

No

If yes, give full details, using separate sheet if necessary

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## Territorial Authority

Please detail the territorial authority in which you are located:

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Please detail the territorial authority where the benefit from the grant will be received:

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Please detail any other territorial authority that will benefit from the grant:

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**Please detail the items that you are applying for and the cost of each item (continue on a separate sheet if necessary):**

Item	Supplier 1 – Preferred Quote	Cost (ex GST)	Supplier 2 – Competitive Quote	Cost (ex GST)
<b>Total Requested</b>		\$ _____		

**Please complete the section below if you are applying for wages or salaries.**

Person	Title	Annual Salary or Hourly Rate	Total Hours Worked Per Week

## CONDITIONS OF GRANT

As required by section 115A of the Gambling Act 2003, grant money must only be used for the specific purpose for which it was granted and in accordance with the conditions of the grant. Breach of section 115A is a criminal offence (\$10,000.00 maximum fine).

Copies of invoices, receipts and bank statements must be provided to Akarana Community Trust within 6 months of the grant being made to verify that the grant has been used in accordance with the purpose approved.

Any grant money which is not spent on the purpose approved must be returned to Akarana Community Trust within 6 months of the grant being made. We agree to reimburse Akarana Community Trust for all costs incurred (including legal costs on a solicitor/client basis) in recovering any outstanding grant money.

We agree to comply with any request from an officer of the Department of Internal Affairs and/or a representative from Akarana Community Trust for additional information in relation to how the monies received from Akarana Community Trust have been spent.

We also agree that an officer of the Department of Internal Affairs may direct an audit or inspection of the books, accounts, or data systems in which the proceeds of the grant have been deposited, by a Chartered Accountant and/or an officer of the Department of Internal Affairs.

We agree that the audit or inspection will be carried out in such a manner approved by the Department, within the time frame specified by the Department.

# GRANT APPLICANT REQUIREMENTS

- Please attach two quotes or other evidence that the amount sought is reasonable.
- Please attach evidence of affiliation to a national body.
- Please attach a printed bank deposit slip. The account name must be the same as the recipient organisation.
- Please ensure the application is for items which have not already been purchased.
- Please ensure you have not applied for funds for the same purpose from any other source.
- Please attach a copy of your certificate of incorporation.
- Please attach a copy of your signed full meeting minutes that record your organisation's resolution to apply for funding to Akarana Community Trust.
- For grant applications greater than \$15,000 please attach a copy of your latest audited annual accounts.
- Please attach a list detailing the names of all your committee members or the members of your board of trustees and detail any association with a Akarana trustee or Akarana venue.
- Please ensure that this application is completed in full and signed by two senior members of your organisation.

## DECLARATION

We declare that:

- The information provided in this application form is true and correct to the best of our knowledge.
- We have the authority to make this application on behalf of the applicant.
- This application has not been completed by a person who has any management or ownership interest in a Akarana Community Trust venue that hosts gaming machines ("a gaming machine venue key person").
- When any grant money is obtained the persons who decide how that money is spent will not be Akarana Community Trust gaming machine venue key persons.
- When any grant money is obtained a check will be undertaken and no payment will be made from grant money to any Akarana Community Trust gaming machine venue key person for any goods or service.

We (the undersigned) make a solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature 1 \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Date                                /                                /

Signature 2 \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Date                                /                                /

## FOR AKARANA COMMUNITY TRUST USE ONLY

Approved/Declined:	_____	_____
Amount approved	_____	(Net Proceeds Member)
Grant number	_____	
Date approved	_____	(Net Proceeds Member)
Date funds deposited	_____	
Cheque number/ Direct debit details	_____	(Net Proceeds Member)

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