



OFFICE USE ONLY
 DATE RECEIVED:
 ORGANISATION NO:
 APPLICATION NO:

GRANT APPLICATION FORM

PART ONE: ORGANISATION DETAILS

| | |
|--|--|
| 1. Full Name of organisation | |
| <i>The organisation's name should generally be the same as the bank account name</i> | |
| 2. Category which best describes your organisation's main area of focus | |
| <i>please tick the appropriate box</i> | |
| <input type="checkbox"/> Community Wellbeing <input type="checkbox"/> Education <input type="checkbox"/> Environment, Heritage & Arts <input type="checkbox"/> Sport & Recreation If your organisation is a school, what is the decile? <input type="checkbox"/> | |
| 3. Type of organisation | |
| <i>please tick the appropriate box</i> | |
| <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National | |
| 4. Organisation's physical address details | |
| <i>Please complete in full</i> | |
| Number of Street & Street Name | |
| Suburb | |
| City/Town | |
| Postcode | |
| Daytime telephone number | |
| Email address | |
| Website address | |
| 5. Organisation's postal address details | |
| <i>If different from physical address</i> | |
| P O Box Number | |
| Suburb | |
| City/Town | |
| Postcode | |
| 6. Main contact person for this grant application | |
| <i>This is the person we will call if we have further questions concerning this application</i> | |
| Name | |
| Position in organisation | |
| Daytime telephone number | |
| Mobile number | |
| Email address | |

7. Please name your organisation's main office holders as appropriate

| | |
|------------------|--|
| Chairperson | |
| Secretary | |
| Treasurer | |
| CEO | |
| School Principal | |
| Other | |

8. Legal status – please complete the appropriate section below

(a) If your organisation is an Incorporated Society what is the Certificate of Incorporation number?

(b) If your organisation is Incorporated as a Charitable Trust and is registered with the Charities Commission, what is the Charities Commission number?

(c) If your organisation is affiliated to a regional or national organisation what is the name of the regional or national organisation?

Please note: proof of current affiliation needs to be included with this application. For example, an amateur sports group needs to be affiliated to a Sport NZ regional or national organisation.

(d) If your organisation is a school please tick

Please note: an application from a school needs to include a letter from the Principal, on school letterhead, endorsing the application for funding.

(e) If your organisation has another type of 'not for profit' status please tick

Proof of tax exemption status will need to be included with this application

9. Is your organisation GST registered?

Please tick

Yes No -

If 'yes' what is your GST number?

A TTCF grant is classed as a donation. If you are GST registered a TTCF grant will exclude GST. If you are not GST registered, a TTCF grant will include GST.

10. Financial statements & Original Bank Verification

Has your organisation been operating for more than 12 months?

Please tick

Yes No

Note: TTCF Directors generally do not approve grants to new organisations until they have been operating for more than 12 months and can demonstrate they have the ability to set up, maintain and provide their service delivery without total reliance on only one source of funding. Also, that they are able to control and spend public monies in an appropriate manner, including the maintenance of appropriate records and provision of an audit trail.

Please attach a copy of your organisation's latest Financial Statements (preferably audited), together with original bank verification. Verification can be in the form of a bank statement, or a bank encoded deposit slip, or hand written or printed bank details which have been stamped as verified by the bank.

PART TWO: APPLICATION DETAILS

11. Please summarise what you need the funding for and a reason for this request (Please do not type 'See Attached'):

Please note:

- (a) If the application is for specific items, two competitive quotes for each item are required
- (b) If the application is for an existing salary or contract, a copy of the signed contract and a position description are required
- (c) If the application is for operating costs – rent, power, landline phone costs – copies of the last three months' invoices are required
- (d) If the application is for travel & accommodation a copy of the official itinerary for which travel & accommodation is requested, together with a list of the members who are travelling are required
- (e) If the application is for a capital works project a copy of the successful tender documentation is required

12. Please provide a cost breakdown of the items you want the grant to pay for:

| Item | \$ Amount |
|-----------------------------------|-----------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total Amount excluding GST | \$ |
| GST amount if applicable | \$ |
| Total including GST | \$ |

13. If the purpose of the application relates to a particular geographical area, please specify the area

14. What is the total cost of this project?

\$

15. How much are you asking TTCF for in total?

\$

Please attach a resolution as proof that your organisation supports this request.

The resolution must:

- *Specifically refer to The Trusts Community Foundation*
- *Clearly state the amount requested and the purpose for which funding is sought*
- *Include the names of all members who approved the resolution and the date on which the resolution was passed*
- *Be signed by the Secretary/Chairperson or other Executive Member*
- *Be printed on the organisation's letterhead*

16. Approximately how many people will benefit from the grant?

17. Have you asked any other funding organisation for a grant for the same purpose?

Please tick

Yes No

If 'yes' please provide the following information:

| | |
|--|----|
| Name of funding organisation | |
| Amount requested | \$ |
| Status of application (Pending/Approved/Declined) | |
| Name of funding organisation | |
| Amount requested | \$ |
| Status of application (Pending/Approved/Declined) | |
| Name of funding organisation | |
| Amount requested | \$ |
| Status of application (Pending/Approved/Declined) | |
| Name of funding organisation | |
| Amount requested | \$ |
| Status of application (Pending/Approved/Declined) | |

18. What other activities will your organisation undertake to fund this project?

For example, sausage sizzles, charity auctions, car washes, self-funding etc

19. What will be the main benefit to your organisation, and the key outcomes achieved, as a result of a TTCF grant?

Examples of outcomes may be an increase in membership, player numbers, coaches or volunteers, improvements in health and welfare etc

PART THREE: CONSENT TO AUDIT & DECLARATION

CONSENT TO BE AUDITED AND DECLARATION

The Department of Internal Affairs (DIA) has the right to inspect all of The Trusts Community Foundation (TTCF) records. Grant recipients need to agree to comply with any requests from an officer of the DIA or TTCF for an inspection or audit. The consent to be audited must be signed by the applicant organisation's secretary and another authorised signatory. (For schools, signatories must include the secretary of the Board of Trustees or the school principal and another authorised signatory.)

By signing this application, we the undersigned:

- Agree to comply with any requests from an officer of the Department of Internal Affairs (DIA) or from TTCF for additional information in relation to the receipt and use of gaming machine funds received as a result of this application.
- Agree that an officer of the DIA or TTCF may direct an audit or inspection of the books, accounts or data systems into which the funds received have been deposited. This may be conducted by a chartered accountant in public practice, or a person appointed by the DIA.
- Agree to pay for any such audit or inspection and allow it to be carried out in a manner approved by the DIA or TTCF within the time frame specified by the DIA or TTCF.
- Confirm that any funds received as a result of this application will be used only for the purpose for which they were approved and that we will provide proof of expenditure and return any money we don't spend to TTCF. ***(Note: Any requests for a change of supplier/change of employee must be made to TTCF in writing, along with the provision of new quotes/contracts for the same. Failure to seek permission prior to expenditure being incurred may result in a request for the return of the funding.)***

We declare that:

- The information provided in this application is true and correct to the best of our knowledge
- We have the authority to make the application on behalf of our organisation
- No person who is deemed to be a key person * under the 2003 Gambling Act in any TTCF venue has been directly associated with, or otherwise party to, this application. **** A key person is anyone who has a significant interest in the management, ownership or operation of a Class 4 Venue.***

| | |
|--|--|
| | |
| Name of Organisation | |
| | |
| Signature of First Authorised Signatory <i>Original signature, not photocopied or scanned</i> | |
| Full name in CAPITAL LETTERS | |
| Role (eg CEO/Principal/Chairperson) | |
| Date | |
| | |
| Signature of Second Authorised Signatory <i>Original signature, not photocopied or scanned</i> | |
| Full name in CAPITAL LETTERS | |
| Role (eg Secretary/Treasurer/Trustee) | |
| Date | |
| | |

| CHECKLIST FOR APPLICANTS | |
|---|--|
| <i>Check that (tick boxes):</i> | |
| <input type="checkbox"/> | All the questions are answered |
| <input type="checkbox"/> | The Consent to be Audited & Declaration (over the page) has been signed |
| <input type="checkbox"/> | Original bank verification is provided |
| <input type="checkbox"/> | Two competitive quotes for each item for which funding is required or an explanation for only one quote <i>or</i> a copy of a signed employment contract and position description are attached |
| <input type="checkbox"/> | A resolution to apply to The Trusts Community Foundation is attached with names of all who attended the meeting |
| <input type="checkbox"/> | The latest financial statements are attached |
| Attachment for sporting organisations | |
| <input type="checkbox"/> | Proof of affiliation to a Sports New Zealand recognised regional or national body |
| Attachment for other groups affiliated to a regional or national body | |
| <input type="checkbox"/> | Proof of affiliation to a regional or national body |
| Attachments for travel and accommodation requests | |
| <input type="checkbox"/> | Copy of the official itinerary or invitation for which travel and accommodation is requested, together with a list of the people who are travelling |
| Attachment for schools | |
| <input type="checkbox"/> | Letter endorsing the application from the Principal, on school letterhead |

Please keep a copy of the completed application form for your records.

Send your completed Application Form & all Supporting Documentation to TTCF:

| | |
|-------------------|---|
| By NZ Post | TTCF, Private Bag 93108, Henderson, Auckland 0650 |
| By Courier | TTCF, Level 3 Lincoln Manor, 295 Lincoln Road, Henderson, Auckland 0610 |
| By Email | grants@ttcfltd.org.nz Please note: If you are emailing the Application & Supporting Documentation the 'Consent to Audit & Declaration,' with original signatures, must be posted separately. |