

OFFICE USE ONLY

DATE RECEIVED:

ORGANISATION NO:

APPLICATION NO:

**GRANT APPLICATION FORM**

**PART ONE: ORGANISATION DETAILS**

|  |  |
| --- | --- |
| 1. **Full name of organisation** | |
| (Type into grey box)  ***Note: the organisation’s name should generally be the same as the bank account name*** | |
| 1. **Category which best describes your organisation’s main area of focus** | |
| (Click on ‘choose an item’ and select category from drop down box) Choose an item.  **If your organisation is a school, what is the decile?** (Click on ‘choose an item’ and select decile) Choose an item.  *Note: An application from a school needs to include a letter from the Principal, on school letterhead, endorsing the application for funding.* | |
| 1. **Type of organisation** | |
| Choose an item. | |
| 1. **Organisation’s physical address details** | |
| ***Please complete all fields in full by typing into the grey boxes*** | |
| Number of street and street name |  |
| Suburb |  |
| City/Town |  |
| Postcode (If unknown click on the following: [www.nzpost.co.nz/tools/address-postcode-finder](http://www.nzpost.co.nz/tools/address-postcode-finder) |  |
| Daytime telephone number |  |
| Email address |  |
| Website address |  |
| 1. **Organisation’s postal address details – if different from above** | |
| P O Box number | 0 |
| Suburb |  |
| City/Town |  |
| Postcode (If unknown click on the following: [www.nzpost.co.nz/tools/address-postcode-finder](http://www.nzpost.co.nz/tools/address-postcode-finder) |  |
| 1. **Main contact person for this grant application** | |
| ***This is the person we will call if we have further questions concerning this application*** | |
| Name |  |
| Position in organisation |  |
| Daytime telephone number |  |
| Mobile number |  |
| Email address |  |
| 1. **Names of your organisation’s main office holders as appropriate** | |
| Chairperson |  |
| Secretary |  |
| Treasurer |  |
| CEO |  |
| School Principal |  |
| Other |  |
| 1. **Legal status – please complete the appropriate section below** | |
| 1. If your organisation is an Incorporated Society what is the Certificate of Incorporation number? | |
| 1. If your organisation is Incorporated as a Charitable Trust and is registered with the Charities Commission, what is the Charities Commission number: CC | |
| 1. If your organisation is affiliated to a regional or national organisation what is the name of the regional or national organisation?     ***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 New Zealand regional or national organisation.*** | |
| 1. If your organisation is a school please tick the box   ***Note: an application from a school needs to include a letter from the Principal, on school letterhead, endorsing the application for funding.*** | |
| 1. If your organisation has another type of ‘not for profit’ status please tick the box   ***Note: Proof of tax exemption status will need to be included with this application*** | |
| 1. Is your organisation registered for GST? | |
| Please tick the appropriate box  Yes  No  If ‘yes’ what is the GST number?  ***Note: a TTCF grant is classed as a donation. If your organisation is registered for GST a TTCF grant will exclude GST. If your organisation is not registered for GST a TTCF grant will include GST.*** | |
| 1. Financial statements and original bank verification | |
| Has your organisation been operating for more than 12 months?  Please tick the appropriate box  Yes  No  *Please 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**

|  |  |
| --- | --- |
| 1. Please summarise in 250 words or less what you need the funding for and a reason for this request: | |
| **Type your summary into the grey box. (Please do not type ‘See attached’)**  ***Please note:***   1. *If the application is for specific items, two competitive quotes for each item are required* 2. *If the application is for an existing salary or contract, a copy of the signed contract and a position description are required* 3. *If the application is for operating costs – rent, power, landline phone costs – copies of the last three months’ invoices are required* 4. *If the application is for travel and accommodation a copy of the official itinerary for which travel and accommodation is requested, together with a list of the people who are travelling, are required* 5. *If the application is for a capital works project a copy of the successful tender documentation is required* | |
| 1. Please provide a cost breakdown of the items you want the grant to pay for: | |
| **Item – Type description into grey box** | **$ Amount – Type figures into grey box** |
|  | $ 0.00 |
|  | $ 0.00 |
|  | $ 0.00 |
|  | $ 0.00 |
|  | $ 0.00 |
|  | $ 0.00 |
|  | $ 0.00 |
|  | $ 0.00 |
| **Total Amount excluding GST** | $ 0.00 |
| **GST Amount if applicable** | $ 0.00 |
| **TOTAL INCLUDING GST** | $ 0.00 |
|  |  |
| 1. If the purpose of the application relates to a particular geographical area, please specify the area | |
|  | |
| 1. What is the total cost of this project? – Type figures into grey box | |
| **$** **0.00** | |
| 1. How much are you asking TTCF for in total? | |
| **$** **0.00**  *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* | |
| 1. Approximately how many people will benefit from this grant? – Type number into grey box | |
| 0 | |
| 1. Have you asked any other funding organisation for a grant for the same purpose? | |
| Please tick appropriate box  Yes  No  If ‘yes’ please provide the following information – type into grey boxes or click on ‘Choose an item’ and select from drop down box as appropriate | |
| Name of funding organisation |  |
| Amount requested | $ 0.00 |
| Status of application | Choose an item. |
|  |  |
| Name of funding organisation |  |
| Amount requested | **$** **0.00** |
| Status of application | Choose an item. |
|  |  |
| Name of funding organisation |  |
| Amount requested | **$** **0.00** |
| Status of application | Choose an item. |
| 1. What other activities will your organisation undertake to fund this project? | |
| *For example, sausage sizzles, charity auctions, car washes, self-funding etc* | |
| 1. 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.* | |

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

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

|  |  |
| --- | --- |
| Send your completed Application & 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](mailto:grants@ttcfltd.org.nz)  **Please note: If you are emailing the Application & Supporting Documentation, the ‘Consent to Audit & Declaration,’ (refer to next page) with original signatures, must be posted separately.** |

**PART THREE: CONSENT TO AUDIT & DECLARATION**

***Note: this page needs to be completed, signed and posted to The Trusts Community Foundation***

|  |  |
| --- | --- |
| **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 spent 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**  *Original signature, not photocopied or scanned* |  |
| **Full name in CAPITAL LETTERS** |  |
| **Role (eg CEO/Principal/Chairperson)** |  |
| **Date** | Click here to enter a date. |
|  |  |
| **Signature of Second Authorised Signatory**  *Original signature, not photocopied or scanned* |  |
| **Full name in CAPITAL LETTERS** |  |
| **Role (eg Secretary/Treasurer/Trustee)** |  |
| **Date** | Click here to enter a date. |