

APPLICATION FORM

PART 1

To: **Kaiwaka Sports Association** *(Name and address of gaming machine society)*
Box
Kaiwaka 52

GST No.

Date

Name of Applicant Organisation

Type of Organisation:

(eg Charitable Trust, Non Profit body, Sports Club, Community organisation, etc)

Street Address

PO Box No & Email address
(if applicable)

Telephone Numbers

Business

After Hours

Contact person

Personal Street Address

Telephone Numbers

Business

After Hours

Reason for Application – i.e. What is the grant to be used for? *(Detail purpose(s) –Please be specific)*

Cost breakdown *(Use separate sheet if necessary, refer to note (a) about need for competitive quotes / other evidence of costs)*

Has the applicant organisation applied for funds for the same purpose from any other source?

YES NO

(If YES give full details, Using separate sheet if necessary)

Total amount requested *(words and figures)*

..... \$

CONSENT TO AUDIT

We agree to comply with a request from an officer of the Department of Internal Affairs or the society issuing the grant for additional information in relation to the receipt and use of gaming machine funds received as a result of this application.

We agree that an officer of the Department of Internal Affairs or a representative the society may direct an audit or inspection of the books, accounts, or data systems into which funds received as a result of this application have been deposited. This may be conducted by:

- (i) a chartered accountant in public practice, or
- (ii) a person appointed by the Department of Internal Affairs.

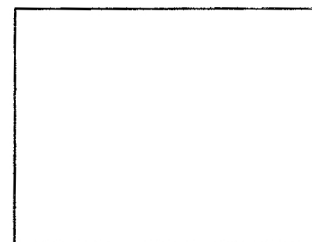
We agree that the audit or inspection will be carried out in a manner approved by the Department or society, within the time frame specified by the Department or society. This organisation shall pay for the cost of such an audit.

Signature of the Secretary:.....

(or other responsible and authorized representative of applicant organisation)

Date:

Impress common seal *(if incorporated)*

**APPLICANTS BANK ACCOUNT DETAILS**

Bank:

Branch:

Account Number:

Name of Account:

-Attach printed bank deposit slip OR other verification, e.g. Bank statement-

CHECK LIST

Have you:

- ▶ Read and understood the Information Notes?
- ▶ Fully completed all preceding sections of Parts One and Two of the Application Form?
- ▶ Attached any additional papers where there has been insufficient space to provide all details?
- ▶ Attached your organisation's resolution to apply for funding, certified as true and correct?
- ▶ Attached copies of quotes, invitations to events, and/or other supporting material?

(NB: These must be addressed to the applicant organisation)

- ▶ Where applicable, attached evidence of affiliation to a national body?
- ▶ Provided a printed blank deposit slip, or a copy of your organisation's bank statement?

FOR SOCIETY USE ONLY

Location:	Signatures: (Chairperson) Secretary) (Third Committee Member)
Approved / Declined:	
Amount approved: \$.....	
Date approved:/...../.....	
Direct Debit or Chq Number:	
Grant Number:	