



## GRANT APPLICATION FORM

<b>Full Name of Organisation:</b>	
SAME AS BANK ACCOUNT NUMBER	
<b>Category which best describes your organisation's main area of focus:</b>	
Tick the appropriate box	
<input type="checkbox"/> Community Wellbeing <input type="checkbox"/> Education <input type="checkbox"/> Heritage, Environment & Arts <input type="checkbox"/> Sport & Recreation         If your organisation is a school, what is the decile? <input type="checkbox"/>	
please tick the appropriate box <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National	
<b>Organisation's physical address details:</b> Please Complete all fields	
Street Address	
Suburb	
City / Town	
Post Code	
<b>Organisation's Postal address details:</b> If different from above	
P O Box Number	
Suburb	
City / Town	
<b>Main Contact person for this Grant Application:</b> Person we will contact concerning this application	
Name	
Position of Organisation	
Day time phone number	
Mobile phone number	
Email address	



(e) If the application is for a capital works project a copy of the successful tender documentation is required	
<b>Please provide a cost breakdown of the items you want the grant to pay for:</b>	
Item	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Amount excluding GST	\$
Total including GST	\$
<b>What is the total cost of this project?</b>	\$
<b>How much are you asking for in total?</b>	\$
<b>Approximately how many people will benefit from the grant:</b>	
<b>Have you asked any other funding organisation for a grant for the same purpose?</b>	
Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes' please provide information:	
<b>CONSENT TO BE AUDITED AND DECLARATION:</b>	
<p>The Department of Internal Affairs (DIA) has the right to inspect all of The Te Atatu Memorial RSA Inc records. Grant recipients need to agree to comply with any requests from an officer of the DIA or The Te Atatu Memorial RSA Inc 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:</p> <ul style="list-style-type: none"> <li>• Agree to comply with any requests from an officer of the Department of Internal Affairs (DIA) or from The Te Atatu Memorial RSA Inc for additional information in relation to the receipt and use of gaming machine funds received as a result of this application.</li> <li>• Agree that an officer of the DIA or The Te Atatu Memorial RSA Inc 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.</li> <li>• Agree to pay for any such audit or inspection and allow it to be carried out in a manner approved by the DIA or The Te Atatu Memorial RSA Inc within the time frame specified by the DIA or The Te Atatu Memorial RSA Inc.</li> <li>• 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 The Te Atatu Memorial RSA Inc. (Note: Any requests for re-allocation of funding or change of supplier and/or services or change of employee must be made to The Te Atatu Memorial RSA Inc 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.)</li> </ul> <p>We declare that:</p> <ul style="list-style-type: none"> <li>• The information provided in this application is true and correct to the best of our knowledge</li> <li>• We have the authority to make the application on behalf of our organisation</li> <li>• No person who is deemed to be a key person * under the 2003 Gambling Act in any The Te Atatu Memorial RSA Inc 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.</li> </ul>	



<b>Signature of First Authorised Signatory Original signature, not photocopied or scanned</b>	
Full name in CAPITAL LETTERS	
Role (eg CEO/Principal/Chairperson)	
Date	
<b>Signature of Second Authorised Signatory Original signature, not photocopied or scanned</b>	
Full name in CAPITAL LETTERS	
Role (eg CEO/Principal/Chairperson)	
Date	

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

Send your completed Application & Supporting Documentation to

Te Atatu RSA  
 Po Box 45022  
 Te Atatu Peninsula  
 Auckland  
 0651