



**What is the Grant to be used for? (Please be specific):**

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.....  
.....  
.....  
.....

**Costs:** (use separate sheet if necessary. Provide precise details of how or what the grant money will be spent on supported evidence supporting the total amount sought (e.g. by competitive quotes/other evidence of costs)

.....  
.....  
.....  
.....  
.....

**Total amount requested:** \$ .....

**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)

.....  
.....

**Is the applicant organisation registered for Good and Services Tax**

**YES**  **No** (If YES, give GST number below)

.....

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**CONSENT TO AUDIT**

We agree to comply with a request from an Officer of the Department of Internal Affairs for additional information in relation to the receipt and use of monies by this Society received from the operation of gaming machines.

We agree than 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 operation of the gaming machines received by this Society 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, within the timeframe specified by the Department. This Society shall pay for the cost of such an audit..

Signature of Officer: \_\_\_\_\_

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

Attach common seal (if incorporated)

**DECLARATION OF TRUE AND CORRECT INFORMATION AUTHORITY TO APPLY**

I/We declare that;

1. to the best of our knowledge the information contained in this application is true and correct, and
2. that the person's signing below have the authority to make this application on behalf of the applicant

If the Applicant is a natural person sign here:

\_\_\_\_\_

If the applicant is not a natural person it must be signed by two representatives of the Applicant;

\_\_\_\_\_

\_\_\_\_\_

Please attach a copy of the applicant's resolution to apply for funding, certified as true and correct by the Secretary of the Applicant society, e.g. Committee Minutes/Resolution.

Manukau Counties Community Facilities Charitable Trust will require that a receipt form is completed and returned once funds have been received.

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**APPLICANTS BANK ACCOUNT DETAILS**

Branch:

\_\_\_\_\_

Account Number:

\_\_\_\_\_

Name of Account:

\_\_\_\_\_

*OR attach printed deposit slip*

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**SOCIETY USE**

Approved/Declined

Direct Debit or Cheque Number: \_\_\_\_\_

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

Grant Number: \_\_\_\_\_

Signatures: \_\_\_\_\_

Officer

\_\_\_\_\_

Officer

\_\_\_\_\_

Officer

**THIS FORM MUST BE MAILED TO - PO BOX 340 DRURY**