



# Manukau Counties Community Facilities Charitable Trust

## APPLICATION FOR FUNDS

*This form must be mailed directly to:  
Manukau Counties Community Facilities Charitable Trust, PO Box 340, Drury 2247*

**Name of Recipient Organisation (Applicant):** \_\_\_\_\_

**Type of Organisation:** \_\_\_\_\_

(e.g. Charitable Trust, Non-Profit, Sports Club, Community Organisation, School, National Sports Body etc.)

Address: Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Physical: \_\_\_\_\_ NZ Business #: \_\_\_\_\_

Application Contact: \_\_\_\_\_ Contact Mobile #: \_\_\_\_\_

Application Contact position in Organisation: eg: Secretary \_\_\_\_\_

Is the Application Contact a Professional Fundraiser? (Circle One) Yes / No

Email: \_\_\_\_\_

Is the organisation registered with the Charities Commission? Yes / No If yes, please supply CC number: \_\_\_\_\_

Is your organisation affiliated to a Regional / National Organisation? Yes / No If yes, please attach confirmation. \_\_\_\_\_

Is your organisation an Incorporated Society? Yes / No If yes, please supply Inc. number: \_\_\_\_\_

### Grants can only be made for the following Authorised Purposes:

- Grants for the provision, maintenance and development of facilities and activities at Bruce Pulman Park, including additions to the park by way of land purchase.
- Funds for the charitable purposes of the Bruce Pulman Park Trust for community sporting and other community activities.
- Funds for the development, promotion and support of amateur sport and charitable purposes, in the greater Auckland area and in particular Counties Manukau and in the north Waikato and in particular the Tuakau and surrounding Area.

### Please include with your application:

1. A pre-printed **deposit slip or bank certification** in the name of your organisation.
2. A copy of the **resolution/minutes of the committee** to apply for funding and that the Secretary has signed as a true and correct copy.
3. A copy of the **Certificate of Incorporation** (if the organisation is incorporated), or confirmation of charitable status.
4. Confirmation that your team/club/organisation is affiliated to a recognised regional or national body.
5. A copy of your organisations latest **signed Annual Financial Accounts**.
6. A copy of **2 current competitive quotes for each item** (or valid reason in writing where only one quote can be supplied). Quotes must be on supplier letterhead.



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

**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 2 competitive quotes/other evidence of costs)

Items	Quote 1	Quote 2
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total Amount</b>	\$	\$

**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 your organisation registered for Good and Services Tax (GST)?** *If the applicant is GST registered, only the GST exclusive amount can be funded (as GST is not a real cost to such organisations).*

**YES**  **No** (If YES, please supply GST number): \_\_\_\_\_

**Terms & Conditions of Funding:**

- Funding must be applied to the purpose stated on the application
- Any deviations or requests for reallocation of funding or change of supplier of goods and/or services must be made to the MCCFCT in writing prior to the expenditure being incurred.
- Expenditure of funds must be accounted for by collating and returning receipts and copies of bank statements pertaining to the receipt and expenditure of funds, as soon as practicable after the funds are spent.
- Any unspent funds are returned to the MCCFCT immediately.
- Failure to return receipts and accountability will result in a request from MCCFCT for the return of funding and any future applications being declined.
- Funds cannot be granted for events that have already occurred or for items that have already been purchased.
- No fee or commission payment of any kind can be attached to this application.
- Funding is at the discretion of MCCFCT and submitting an application does not guarantee funding.
- All items funded must remain the property of the recipient organisation.
- Written notification of outcomes will be sent following the Board meeting. (Verbal communication of funding decisions will not be given).
- Payment of the grant will be made by direct credit to the bank account nominated on the deposit slip that you have attached to your application.



**DECLARATION OF TRUE & CORRECT INFORMATION AND CONSENT TO AUDIT**

We understand that the funds can only be used for the purposes stated and that any funds not used in this manner will be returned to MCCFCT. We agree to provide any information required regarding the grant to MCCFCT on request including the provision of receipts or other proof of how the funds were used.

We agree to comply with a request from an Officer of the Department of Internal Affairs for additional information in relation to how the monies received by this Organisation/Society from the operation of gaming machines have been spent.

We agree that 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 Organisation/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 Organisation/Society shall pay for the cost of such an audit.

We hereby consent to the above audit conditions and certify that the information in the application together with any supporting details, is true and correct. We also certify that we have the authority to make this application on behalf of the organisation.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please advise any Conflicts of Interest: \_\_\_\_\_

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

SOCIETY USE

Approved / Declined

Date Funds Distributed: \_\_\_\_\_

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

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

Trustee 1		Trustee 2
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**THIS FORM MUST BE MAILED TO : –**

**MCCFCT  
PO BOX 340  
DRURY 2247**

