



North and South Trust

# Application For Funds

both sides of this form are to be completed  
this form must be mailed directly to The North & South Trust at PO Box 56 152 Auckland 3

## APPLICANT DETAILS

Name of Applicant Organisation: \_\_\_\_\_

Type of Organisation: \_\_\_\_\_  
(e.g. Charitable Trust, Non Profit Body, Sports Club, Community Organisation, Incorporated/Unincorporated, etc)

Incorporation Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ After Hours: \_\_\_\_\_

If you are GST Registered, please supply your GST number: \_\_\_\_\_

What Age Group does the Organisation represents: \_\_\_\_\_

## CONTACT PERSON FOR APPLICATION ENQUIRIES

Main Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (work): \_\_\_\_\_ Telephone (home): \_\_\_\_\_

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

## 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 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 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.

## CERTIFICATION BY TWO TRUSTEES OR OFFICERS

I certify that all the details entered in this application are true and correct and I have the authority to make this application and give the consent to audit on behalf of the applicant:

1) Trustee or Officer full Name.....	2) Trustee or Officer full Name.....
Position in Organisation.....	Position in Organisation.....
Signature.....	Signature.....
Date.....	Date.....

For guidelines on how to apply for funding, our Trusts current Authorised Purpose and for helpful hints, please refer to our website [www.northandsouthtrust.co.nz](http://www.northandsouthtrust.co.nz)

## DETAILS OF FUNDING APPLIED FOR

What is the funding to be used for? (Please be specific)

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

Total No. of Members: \_\_\_\_\_ How many will benefit from this grant: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ GST Inc.  GST Excl.

(Please tick the appropriate box)

Costs Breakdown: (Use separate sheet if necessary. Provide precise details of how or what the grant money will be spent on supported by competitive quotes/other evidence of costs)

..... \$.....  
..... \$.....  
..... \$.....  
..... \$.....  
..... \$.....

**TOTAL COST** \$.....  
If GST registered, exclude GST amount

Has the Applicant Organisation applied for funds for the same purpose from any other source?  
(If YES, give full details, using separate sheet if necessary)

.....

Bank Account Details (please attached pre printed deposit slip for verification)

Branch:..... Account Name: .....

Account Number: .....

## CHECKLIST –have you remembered everything?

- Have you attached copies of at least 2 quotes no older than 3 months. If not, please state a reason why.
- If applying for salary, please attach a signed Employment Contract & Job Description.
- Have you attached a copy of your latest minutes including a resolution (stating the purpose & amount requested) certified as true & correct.
- A pre-printed or verified bank deposit slip.
- Confirmation that you are affiliated to a recognised regional or national body.
- A certificate of Incorporation if relevant.
- A copy of your latest audited accounts.
- A copy of your Trust Deed and/or Constitution.
- Have you kept a copy of this application and supporting information for your records