



GRANT APPLICATION FORM

The Hornby Working Men's Club & MSA Inc (the 'Club') is a not-for-profit Incorporated Society. The Club aims to make a difference in its local community by providing an excellent and accessible 'club house' facility. The Club also applies the net proceeds of its gaming machine operation to Authorised Purposes, as contained in the Club's Class 4 Licences and approved by the Department of Internal Affairs.

Authorised Purposes are used to maintain and develop the Club premises and to support education, sport, health and arts within the local community. If you are involved with a not-for-profit Club, charity or community group that requires funding, we may be able to help you. To apply for grant funding, just fill in this form and forward it to the Club in one of two ways.

1. Deliver in person to: *17 Carmen Rd, Hornby, Christchurch, 8042*
2. Post it to: *PO Box 16014, Hornby, Christchurch, 8441*

HOW OUR APPROVAL PROCESS WORKS

The Club's Board considers applications for grant funding in September or October each year. Applications must be received by the published closing date. You must fill in this form correctly and include all the information we need. This enables us to consider your application quickly and efficiently.

BEFORE YOU GET STARTED

Before you fill out this application form, please take a minute to ensure you or your organisation is eligible for a grant. All grants need to be applied to specific and future based purposes. No retrospective applications will be accepted (e.g. deposits and purchases made prior to the approval of the grant). No exceptions!

If you are unsure about any aspect of this application, please call the Hornby Working Men's Club on (03) 3499 026 for clarification. This form is an application for funding from the Hornby Working Men's Club & MSA Inc. To the extent permitted by law, the Hornby Working Men's Club & MSA Inc Club accepts no liability or responsibility for applications submitted that do not comply with the above requirements or where the applicant has made a false declaration.

STEP 1 TELL US YOUR DETAILS

DATE _____/_____/_____

1. FULL NAME OF THE APPLICANT

(Use the appropriate legal name)

2. WHAT TYPE OF ORGANISATION IS IT?

(e.g. Inc Society, community group, sports group)

3. MAIN CONTACT PERSON

This is the person we'll call if we have questions

Name

Daytime Phone Number

Position – Title (e.g. CEO/Chairman/Principal/Organiser)

Alternate Phone Number

Personal Address

Email

Suburb

City/Town

Postcode

4. SECOND CONTACT PERSON

This is the person responsible for reconciling audit

Name

Daytime Phone Number

Position – Title (e.g. Treasurer/ Principal/Finance Administrator)

Alternate Phone Number

Personal Address

Email

Suburb

City/Town

Postcode

5. YOUR BANK ACCOUNT DETAILS

Bank _____ Branch _____

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Bank

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Branch

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Account Number

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Suffix

Please attach an original pre-printed deposit slip or an original bank statement

6. ARE YOU GST REGISTERED?

Yes / No

7. DO YOU HAVE IRD INCOME TAX EXEMPTION?

Yes / No

Please attach a copy of your IRD Income Tax Exemption letter

If yes to Question 6 or 7, enter your GST Number

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8. ARE YOU AFFILIATED TO A REGIONAL OR NATIONAL ASSOCIATION?

Yes / No

Please attach verification

9. IS YOUR ORGANISATION INCORPORATED?

Yes / No

Please attach a copy of your Certificate of Incorporation

10. IS YOUR ORGANISATION REGISTERED WITH THE CHARITIES COMMISSION?

Yes / No

Please provide your CC Registration number

CC _____

You will need to attach a copy of your Charities Commission registration.

11. SOME MORE OF YOUR ORGANISATION'S DETAILS

12. WHAT PURPOSE IS THE GRANT FOR?

Postal Address

Street Address

Suburb

City/Town

Postcode

Daytime Phone Number

Email Address

Website

13. AMOUNT REQUESTED \$ _____

14. ADDITIONAL INFORMATION

Your organisation may have Minutes and/or Resolutions documented that will support this application. Please attach any relevant document to this application.

OFFICE USE ONLY

APPLICATION NO: _____

DATE RECEIVED: ____/____/____

DATE DETERMINED: ____/____/____

Approved

Declined

(circle)

AMOUNT (if approved): \$ _____

NOTES _____

AUTHORISING SIGNATURES

President

General Manager

Treasurer

GRANT NO: _____

DATE PAYMENT MADE: ____/____/____

METHOD OF PAYMENT: Cheque Direct Credit (circle)

GRANT AUDIT

Passed

Failed

(circle)

Signature: _____ Date: ____/____/____

STEP 2 TELL US WHY YOU NEED FUNDING?

1. WHAT IS THE TOTAL COST OF THIS PROJECT?

\$ _____

2. HOW MUCH FUNDING ARE YOU ASKING THE HORNBY WORKING MEN'S CLUB & MSA INC FOR?

\$ _____

3. APPROXIMATELY HOW MANY PEOPLE WILL BENEFIT FROM THE FUNDING?

How many members in your team/group? Or how many people will attend an event?

_____ persons

Insert number

4. WHAT IS THE TIMING OF YOUR PROJECT?

Please tell us the actual date of an event or specific period of activity and attach proof of events, itineraries, or sports draw if applicable.

5. HAVE YOU APPLIED TO ANY OTHER ORGANISATION FOR FUNDING FOR THE SAME PURPOSE?

Yes No (circle)

If yes, please provide further details: Name of funding organisation, date applied, amount requested, purpose and outcome

6. COST BREAKDOWN

Please provide evidence of purchase price of goods to be purchased or of the costs to be incurred (e.g. letter from a school outlining the total costs for a sporting trip). Please attach a competitive quote/s for each item (e.g. school request to purchase sporting or computing equipment). Quotes must be less than three months old and on supplier's letterhead. They should be addressed to your organisation and show GST content. *(Attach further pages if required)*

ITEMS

QUOTE 1

QUOTE 2

STEP 3 FINAL SIGN-OFF & CONSENT TO AUDIT

This section is a legal requirement and must be completed. All other applications require two signatures.

1. We confirm that any funds received as a result of this application will only be used for the purpose and quotes for which they were approved and that we will send copies of all invoices, and bank statements proving they have been paid. We will return any money we don't spend to Hornby Working Men's Club & MSA Inc.
2. We agree to use funds within six months of receiving them unless written approval to exceed the time limit is received from the Hornby Working Men's Club & MSA Inc.
3. We agree to comply with requests from an officer of the Department of Internal Affairs (DIA) or from the Hornby Working Men's Club & MSA Inc for further information regarding the receipt and use of funds received by this organisation from the Hornby Working Men's Club & MSA Inc.
4. We acknowledge that the Department of Internal Affairs may wish to audit or inspect our books, accounts and data systems. We agree to provide the Hornby Working Men's Club & MSA Inc with the relevant proof of expenditure to satisfy their audit requirements.
5. We authorise the Hornby Working Men's Club & MSA Inc to store any of the information related to this application and to disclose that information as necessary in the publication of grants, storage on a national database and compliance with DIA licence conditions and the Gambling Act 2003.
6. We agree that in the event of any audit irregularity being discovered, we will immediately return any part, or whole, of the grant as required by the Hornby Working Men's Club & MSA Inc at its absolute discretion (at our expense).
7. We acknowledge that the Hornby Working Men's Club & MSA Inc may request a copy of Minutes or Resolutions relating to an applicant organisation to ensure the individuals signing have authority to do so, and that we will provide such supporting documentation.
8. We declare that the information provided in this application is true and correct to the best of our knowledge and that we have the authority to make this application.

SIGNATURE 1

Date ____/____/____

Signature

Full name in CAPITALS

Title / Position

SIGNATURE 2

Date ____/____/____

Signature

Full name in CAPITALS

Title / Position

ONE LAST THING

IS YOUR APPLICATION COMPLETE?

Make sure you take a copy for your files. Then deliver this form to the: *Hornby Working Men's Club at 17 Carmen Rd, Hornby, Christchurch, 8042*; or send it to: *Hornby Working Men's Club, PO Box 16014, Hornby, Christchurch, 8441*.

All applications are subject to availability of funds and compliance with authorised purposes. The Hornby Working Men's Club is not obliged to fund either this or any future applications, and has complete discretion in the allocation of funds. Allocation of funds is an unconditional gift.

- Have you attached an original pre-printed deposit slip or an original bank statement so we can direct credit funding into your account once approved?
- Have you attached proof of timing of your event or activity? e.g. itineraries, programmes or sports draw?
- Have you attached competitive quote/s for each item addressed to your organisation and showing GST content? Note: Quotes should be valid, on supplier's letterhead and show GST content.
- If your organisation is affiliated to a regional or national body, have you attached verification?
- Have you attached a copy of the Certificate of Incorporation?
- Have you attached proof of Charities Commission registration?
- If you are not registered with the Charities Commission, have you included your IRD income tax exemption letter?
- Have you completed all sections and signed the form?
- Has the 'Consent to Audit' been signed? For schools, the Principal must be a signatory.
- Have you kept a photocopy of the application form and quotes for your records?

If you've checked all the above, you're done!