

SUPPORTING INFORMATION

PLEASE READ ALL INFORMATION CAREFULLY.

If this Form is not completed in full, it will be returned to the Applicant Society without being processed.

The WHAKAUE CHARITABLE TRUST INC (The Trust) is prepared to consider applications from non-profit organisations and groups operating within the Rotorua District that conform with its charitable and authorised purposes.

The Trust is committed to complying with all aspects of the Gambling Act 2003 as it applies to its gaming operation.

USE OF PROCEEDS	TERMS & CONDITIONS	CONDITIONS OF ALLOCATION OF FUNDS
<p>PROCEEDS from Gaming Machines can only be utilized for the authorized purpose(s) approved by the Department of Internal Affairs and shown on the Licence of the the trust and on its venue Licence.</p> <p>THE trusts Authorised Purpose is set out in full on the is webpage: www.whakauetrust.org.nz</p> <p>GUIDELINE information to assist you in completing this application is also available on the webpage.</p> <p>THE Trustees meet bi-monthly. Grant applications received by the last working day of any given month, will be tabled at the grants meeting held during the following month. You will be notified of the outcome of the grant application, in writing, by the end of the month in which it was tabled at a Trust meeting.</p> <p>GENERALLY, the trust will accept two grant applications from an organisation per calendar year, regardless of whether these are successful.</p> <p>PAYMENTS are to be made by way of direct credit into the recipient's bank account.</p>	<p>THE trust is under no obligation to meet any funding request made. The funds belong to the trust, which has the final say on whether a grant is approved.</p> <p>NO gaming venue can process or guarantee trusts funds to any organisation.</p> <p>ALL grant applications must be forwarded, on the attached form, to the trust for consideration and are subject to the availability of funds.</p> <p>ALL grants are given free of any commercial consideration or conditions imposed by venues.</p> <p>NO fee or commission payment of any kind is attached to this application.</p> <p>GRANT applications must not be retrospective. Applications must be future focused. The application must be lodged <i>prior</i> to the event/ project/purchase taking place.</p> <p>THE application must be signed by two officeholders of the organisation.</p> <p>THE trust does not consider applications from individuals.</p>	<p>THE trust requires that audit information in the form of paid invoices are returned once funds have been spent.</p> <p>IT is a condition that the funds will be used for the purpose applied for and that acceptance of the payment will be deemed to confirm that the allocation has or will be applied accordingly.</p> <p>THE allocation is made as a donation being an unconditional gift from Trust funds and on the condition that no procurement fee, commission and/or discount has or will be paid to any person and that no identifiable direct benefit arises or may arise in the form of a supply of goods or services to any party involved as a result of the payment being made.</p> <p>THE applicant acknowledges and accepts that public disclosure will be made of all applications received and monies allocated by the Trust.</p> <p>GRANTS must be GST exempt</p>

IN THE EVENT OF NON-COMPLIANCE WITH ANY OF THESE CONDITIONS, AN AMOUNT EQUAL TO THE AMOUNT OF THE ALLOCATION IS IMMEDIATELY REPAYABLE BY THE RECIPIENT TO THE TRUST.

RECORDS ARE LIABLE TO INSPECTION BY THE DEPARTMENT OF INTERNAL AFFAIRS AND ARE SUBJECT TO AUDIT. THE DEPARTMENT REQUIRES THAT ALL FUNDING REQUESTS INCLUDE A CONSENT TO AUDIT OF THE RECIPIENT ACCOUNT TO VERIFY RECEIPT AND CORRECT USE OF FUNDS.

CHECKLIST

HAVE YOU REMEMBERED EVERYTHING?

Please ensure that all information is attached to the Grant Application Form before it is forwarded to the Whakaue Charitable Trust:

- Complete all sections of the attached form.
- Provide a contact name and a telephone number where the contact person is easily accessible.
- Attach copies of competitive quotes (at least two) or other evidence to support the funding request. Quotes must not be more than one month old.
- Attach copies of the following information as appropriate:
The organisation's common seal; Letter of affiliation from the governing body; Certificate of Incorporation; Proof of charitable status from IRD.
- Check that the application has been signed by two officeholders, **and dated**. This must be undertaken in the form of a declaration before one of the following:
Solicitor of the High Court, Justice of the Peace, Notary Public or Court Registrar.
- Attach a copy of the resolution of the committee/ executive to apply for funding. This resolution must be part of the minutes, and must be certified as true and correct by the Secretary.
- Attach a printed deposit slip or bank account verification in the name of the applicant organisation.
- Details of the GST number for your organisation (if applicable).

Please contact The Whakaue Charitable Trust Inc if you have any queries with any aspect of this form. The attached "Request for Allocation of Gaming Proceeds" form must be completed in full to ensure the application covers all the requirements of the Department of Internal Affairs.

If this Form is not completed in full, it will be returned to the Applicant Society without being processed.

Once all parts of the form are completed, send the form, along with any supporting information to:

The Whakaue Charitable Trust
PO Box 2040
Rotorua

Telephone: (07) 348 0146
Facsimile: (07) 348 0147
Webpage: www.whakauetrust.org.nz

REQUEST FOR ALLOCATION OF GAMING MACHINE PROCEEDS

COMPLETE all sections on this form and return the form directly to:
THE WHAKAUE CHARITABLE TRUST INC
PO BOX 2040
ROTORUA

NAME AND ADDRESS OF APPLICANT ORGANISATION: Phone:	COMMON SEAL: If applicable.
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DETAILS OF CONTACT PERSON: Name:(Mr/Mrs/Ms) Position in Organisation: Address:	Phone: Facsimile: Email Address:
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TYPE OF ORGANISATION: eg. Incorporated Society, Charitable Trust
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AFFILIATED TO: eg. Are you a member of a National Body?
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WHAT IS THE GRANT TO BE USED FOR? Please be specific.
This section must be completed, with supporting information attached if required.

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WHO WILL BENEFIT FROM THIS GRANT AND HOW? Please be specific.
This section must be completed, with supporting information attached if required.

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THE WHAKAUE TRUST FUNDING APPLICATION

GST NUMBER:	TOTAL AMOUNT REQUESTED: \$
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PLEASE SUPPLY A COST BREAKDOWN TOGETHER WITH COPIES OF COMPETITIVE QUOTES (at least two):

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

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

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

HAVE FUNDS BEEN APPLIED FOR FROM ANOTHER SOURCE? If so, please provide details.

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BANK ACCOUNT DETAILS Please attach a printed deposit slip, in the name of the applicant	DATE:/...../.....
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CONSENT TO AUDIT:

WE agree to comply with any request from an officer of the Department of Internal Affairs and/or a representative from The Whakaue Charitable Trust Inc for additional information in relation to how the monies received by this society from the operation of gaming machines has been spent.

WE also 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, by: A. A Chartered Accountant. Or B. An officer of the Department of Internal Affairs.

WE agree that the audit or inspection will be carried out in such a manner approved by the Department, within the time frame specified by the Department. This society shall pay for the cost of such an audit.

WE, THE UNDERSIGNED, MAKE A SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE UNDER AND BY VIRTUE OF THE OATHS AND DECLARATIONS ACT 1957. WE DECLARE THAT:

i. The information provided in this application form is true and correct to the best of our knowledge.

II. We have the authority to make this application on behalf of the applicant (if the applicant is not a natural person)

Signed by a representative of the Applicant:	Signed by a representative of the Applicant:
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SIGNATURE OF PERSON AUTHORISED TO TAKE A DECLARATION: ie. Lawyer/Notary Public etc.
See note on Checklist

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OFFICE USE ONLY:

Grant No.

Cheque No/Direct Debit Details:

Amount \$

Approved / Declined

Date of Approval: