

# GRANT APPLICATION FORM

The Mount Maunganui Returned Services' Associations 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 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 as 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 return it to the club.

## HOW OUR APPROVAL PROCESS WORKS

The Club's Committee considers applications for grant funding. In order for the Committee to consider your application, you must fill in this form correctly and include all 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).

If you are unsure about any aspect of this application, please email [admin@mtrsa.co.nz](mailto:admin@mtrsa.co.nz) for clarification or more information. This form is an application for funding from the Mount Maunganui Returned Services' Associations. To the extent permitted by law, the Mount Maunganui Returned Services' Associations 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)

\_\_\_\_\_

Alternative Phone Number

\_\_\_\_\_

Personal Address

\_\_\_\_\_

Email

\_\_\_\_\_

Suburb

\_\_\_\_\_

City/Town

**4. SECOND CONTACT PERSON**  
(this is the person responsible for reconciling audit)

\_\_\_\_\_

Name

\_\_\_\_\_

Daytime Phone Number

\_\_\_\_\_

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

\_\_\_\_\_

Alternative Phone Number

\_\_\_\_\_

Personal Address

\_\_\_\_\_

Email

\_\_\_\_\_

Suburb

\_\_\_\_\_

City/Town

**5. YOUR BANK ACCOUNT DETAILS**

(this is the person responsible for reconciling audit)

Bank				Branch									
<input type="text"/>													
Bank		Branch		Account				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

<input type="text"/>								
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**8. ARE YOU AFFILIATED TO A REGIONAL OR NATIONAL ASSOCIATION?** YES  NO

Please attach verification

**9. IS YOUR ORGANISATION INCOPORATED?** YES  NO

Please attach a copy of your Certificate of Incorporation

**10. IS YOUR ORGANISATION A REGISTERED CHARITY?** YES  NO

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Charities Registration Number

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Please attach a copy of your Charities Commission Registration

**11. MORE ORGANISATION DETAILS**

**12. WHAT PURPOSE IS THE GRANT FOR?**

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Postal Address

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Street Address Suburb

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City/Town Post Code

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Daytime Phone Number

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Email Address

**13. AMOUNT REQUESTED**

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Website

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Dollar amount

**14. ADDITIONAL INFORMATION**

Your organisation may have minutes, resolutions or any other supporting data that will support this application. Please attach any relevant document to this application.

**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 MOUNT MAUNGANUI RSA 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?

\_\_\_\_\_

**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

If yes, please provide further details including, 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 computer 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 they 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 Mount Maunganui Returned Services’ Associations.
2. We agree to use funds within six months of receiving them unless written approval to exceed the time limit is received from the Mount Maunganui Returned Services’ Associations.
3. We agree to comply with requests from an officer for the Department of Internal Affairs (DIA) or from the Mount Maunganui Returned Services’ Associations for further information regarding the receipt and use of funds received by this organisation from the Mount Maunganui Returned Services’ Associations.
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 Mount Maunganui Returned

Services' Associations with the relevant proof of expenditure to satisfy their audit requirements.

5. We authorise the Mount Maunganui Returned Services' Associations 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 Mount Maunganui Returned Services' Associations at its absolute discretion (at our expense).
7. We acknowledge that the Mount Maunganui Returned Services' Associations may request a copy of Minutes or Resolutions relating to an application 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
_____	_____

## 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:** \_\_\_\_\_

**GRANT AUDIT** **Passed** **Failed** (circle) **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ONE LAST THING

### ***IS YOUR APPLICATION COMPLETE?***

Make sure you take a copy for your files. Then deliver this form to the Mount Maunganui Returned Services' Associations, 544 Maunganui Road, Mount Maunganui or email it to admin@mtrsa.co.nz

All applications are subject to availability of funds and compliance with Authorised Purposes. The Mount Maunganui Returned Services' Associations is not obliged to fund either this or any future applications and has complete discretion in the allocation of funds.

- Have you attached an original pre-printed deposit slip or an original bank statement so we can direct credit funding into your account?
- Have you attached proof of timing of your event or activity? E.g. itineraries, programmes or sports draws?
- 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.***