

GRANT APPLICATION FORM

To: The Manager
 ILT Foundation
 P O Box 1771
 Invercargill 9840

Name of Applicant Organisation: *(should be same as bank account name)*

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Address: *(Street address and P O Box Number)*

Telephone Number & Email:

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Two contact names, addresses and telephone numbers (business and after hours):

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What is the legal status and purpose of your organisation?

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How many people belong to the organisation applying? Number:

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How many people would benefit from this grant? Number:

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Is your organisation registered with the Charities Commission? Yes No

Are you GST registered? Yes No GST No:

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What is the grant to be used for? *(Please be specific using separate sheet if necessary)*

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Date of Event: (if applicable)

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Please Supply Cost Breakdown/Budget: *(use separate sheet if necessary)*. **Please attach more than one quote for this project (if applicable)**

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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)

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Total Amount Requested:

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| \$ |
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Please attach a copy of the applicant's resolution to apply for funding. This must be certified as true and correct by the Secretary of the applicant society, e.g. **Committee minutes/resolution**.

Please attach a copy of the applicant's latest **Financial Statements**

Declaration and Consent of Audit

- We declare that the information provided in this grant application is true and correct, to the best of our knowledge, and we have the authority to make the application on behalf of the applicant.
- This organisation fully understands that any and all grant monies received from the ILT Foundation can only be used for the authorised purpose for which quotes were supplied and the grant approved. Copies of invoices, receipts and bank statements, along with any unspent funds, will be returned to the ILT Foundation after the funds have been applied towards the purpose for which the grant was made.
- 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, have been spent. This may involve an audit or inspection of the books and/or accounts of our organisation.
- We authorise the ILT Foundation to retain information pertaining to this application and to disclose that information as deemed necessary by the ILT Foundation for any purpose, including the publication of grants and compliance with Department of Internal Affairs regulations.
- We have read, understand and accept all the conditions applicable to this application for a grant. The funds will only be used for the purpose applied for in this application.

Signature: 1

Signature: 2

Printed name:

Printed name:

Position:

Position:

Date:

Date:

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| Applicant Organisation's Bank: |
| Branch: |
| Account Number: |
| Name of Account: |

OR attach a pre-printed deposit slip. (Personal bank accounts are not permitted)

Please keep a copy of this application for your records.

ILT FOUNDATION OFFICE USE ONLY:

Meeting Date: _____

APPROVED / DECLINED

Amount Approved: \$ _____

Grant Number: _____

Cheque Number: _____

Date: _____

Signatures of Three Trustees: _____
