



GRANT APPLICATION FORM

Post to: PO Box 1771, Invercargill 9840 or Email to: applications@iltfoundation.org.nz

Deliver to: 252 Dee Street, Invercargill 9810

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

Address: <i>(Street address and P O Box Number)</i>		Telephone Number & Email:

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

What is the legal status of your organisation?

Incorporated Society Not-for-profit Trust Club Other

What is the purpose of your organisation?

How many people belong to the organisation applying?	Number:	
How many people would benefit from this grant?	Number:	
Does your organisation work with children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your organisation does work with children, does it have a Child Protection Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your organisation registered with the Charities Commission?	No <input type="checkbox"/>	Yes <input type="checkbox"/> CC.....
What is your NZ Business Number? [www.nzbn.govt.nz/mynzbn/search]		
Are you GST registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	GST No:

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

Date of Event: (if applicable)

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Please note: Retrospective funding cannot be provided for purchases / timing of event prior to application approval date.

Please Supply Cost Breakdown/Budget: *(use separate sheet if necessary)*. **Please attach two quotes for this project.**

Has the applicant organisation applied for funds for the same purpose from any other source? YES *(if Yes, give full details, using separate sheet if necessary)*

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Total Amount Requested from ILT Foundation <i>in words</i> :	\$

PLEASE COMPLETE OTHER SIDE OF FORM ALSO

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
Printed name:
Position:
Date:

Signature: 2
Printed name:
Position:
Date:

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.

Please note applications are due three weeks prior to the Board meeting at which they are to be considered, meeting dates are available on the website.

ILT FOUNDATION OFFICE USE ONLY:

Meeting Date: _____
APPROVED / DECLINED
Amount Approved: \$ _____
Grant Number: _____
Cheque Number: _____
Date: _____

Signatures of Three Trustees: _____