



Waikanae Chartered Club Inc

Application for a Gaming Machine Grant

PLEASE COMPLETE BOTH SIDES OF THIS FORM

1. Name of Applicant

2. Address and Telephone No: (Business & After Hours)

3. Contact Person, Address & Telephone No: (Business & After Hours)

4. What is the grant to be used for? (Please be Specific)

5. Please supply cost breakdown: (Use separate Sheet if necessary)

6. Has the applicant organisation applied for funds for the same purpose from any other source:
YES/NO (If Y, give full details, using separate sheet if necessary)

7. Total amount requested: (Words & Figures)

\$

- **Please** attach a copy of the applicant's resolution to apply for funding, certified as true and correct by the Secretary of the Application Society e.g. Committee minutes/resolution
- **Please** send a receipt of payments to the licensed society when funds are received.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Consent to Audit

We agree to comply with requests from and officer of the Department of Internal Affairs for additional information in relation to the receipt and use of monies by this society from the operation of gaming machines.

We agree that and officer of the Department of Internal Affairs may direct an aufit or inspection of the books, accounts or data system in which the proceeds of the operation of the gaming machines received by this society have been deposited. This may be conducted by:

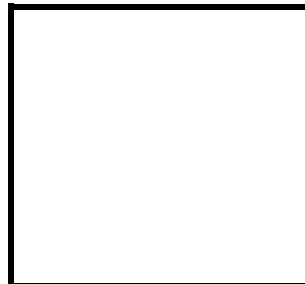
- i) A chartered account in public practice or
- ii) A person appointed by the Department of Internal Affairs

We agree that the audit of inspection will be carried out in 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.

Signature of Secretary: _____

Date: _____

Attach common seal if Incorporated



Bank Details: Please complete details below or attach your organisation's printed bank deposit slip.

Bank: _____

Branch: _____

Account No: _____

Account Name: _____

If granted, please circle whether you prefer receipt of funds by: Direct Credit/ Cheque

When all sections have been completed please e-mail to Salima:

spadamsey@yahoo.com

Or return to:

**The Secretary/Manager
Waikanae Chartered Club
PO Box 73, Waikanae 5036**

REQUEST FOR ALLOCATION OF GAMING MACHINE PROCEEDS

Please read all information carefully

USE OF PROCEEDS

Proceeds from Gaming Machines can only be used for the authorised purpose's approved by the Department of Internal Affairs and shown on the Licence of the Society and Site Approval.

An authorised purpose is defined in the Gaming and Lotteries Act 1977 as "any charitable, philanthropic, cultural or party political purpose, or any other purpose that is beneficial to the community or a section of it."

CONDITIONS OF ALLOCATION OF FUNDS

It is a condition that the proposed allocation will be applied for the purpose stated and for no other purpose and that acceptance of the payment will be deemed to confirm that the allocation has or will be applied accordingly. The allocation is made as a donation being an unconditional gift from trust funds and on the condition that no procreation 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 and services to any party involved as a result of the payment being made.

Financial reports including receipts should be sent to the Waikanae Chartered Club within 30 days of receiving the grant.

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 SOCIETY.

OTHER RULES ABOUT GRANT APPLICATIONS

Applications must be supported by competitive quotes or other evidence. Grants cannot be retrospective (i.e. to reimburse funds already spent)

Grants cannot be of a promissory nature and must be of direct and immediate benefit to the applicant.

AUDIT AND INSPECTION

Records are liable to inspection by the Department of Internal Affairs and are subject to audit.

THE DEPARTMENT REQUESTS THAT ALL REQUESTS FOR ALLOCATION INCLUDE A CONSENT TO AUDIT THE RECIPIENTS ACCOUNTS TO VERIFY RECEIPT AND CORRECT USE OF THE FUNDS.

METHOD OF PAYMENT

Payments are to be made by way of crossed cheque or direct credit into the recipient's bank account. Cheques are to be made payable to the recipient and cannot be made payable to another organisation or individual.

PRIVACY ACT

Licence conditions require various information to be publicised, and signatory parties to this application for allocation of a grant acknowledge this and waive any Privacy Act provisions as to disclosure of any information contained herein.

SPORTING EVENTS OR TOURNAMENTS

Travel and accommodation costs (not to include any food or alcohol costs) can be approved provided and “official” itinerary endorsed by the host body is supplied along with an itemised breakdown of the quoted costs.

The participating club/organisation must be taking part in a bona fide event sanctioned by a recognised legitimate or regional body. Inter-hotel darts/pool/fishing/bowls or other like tournaments **are not eligible of community grants.**

GUIDE ONLY

The information contained in this application for is intended as a guide. The Club will treat each application on its own respective merits. Completion of the application form does not constitute approval of the request or if approved, that further payments to the same applicant or for the same purposed will be approved.

CHECK LIST

1. Complete both side of the attached form.
2. Attach copies of competitive quotes or other evidence (which must be addressed to the recipient organisation) and a deposit slip.
3. Attach a copy of the resolution of the committee/executive to apply for funding. This must be certified as true and correct and signed by the secretary.
4. The application must be signed and dated by the Secretary of the organisation – an application signed by another official is not acceptable.
5. If the organisation is incorporated, ensure that the common seal is affixed.