



APPLICATION FOR FUNDS

BOTH SIDES OF THIS FORM ARE TO BE COMPLETED

APPLICANT DETAILS

NAME OF RECIPIENT ORGANISATION _____

TYPE OF ORGANISATION _____

eg CHARITABLE TRUST, NON PROFIT BODY, SPORTS CLUB, COMMUNITY ORGANISATION, INCORPORATED/ UNINCORPORATED, ETC

PHYSICAL ADDRESS _____

POSTAL ADDRESS _____

TELEPHONE BUSINESS _____ AFTER HOURS _____

CONTACT PERSON

NAME _____ POSITION _____

POSTAL ADDRESS _____

TELEPHONE WORK _____ AFTER HOURS _____

MOBILE _____ EMAIL _____

WHAT IS THE GRANT TO BE USED FOR? PLEASE BE SPECIFIC, USE A SEPERATE SHEET IF NECESSARY

COSTS USE SEPARATE SHEET IF NECESSARY. PROVIDE PRECISE DETAILS OF HOW OR WHAT THE GRANT MONEY WILL BE SPENT ON SUPPORTED EVIDENCE SUPPORTING THE TOTAL AMOUNT SOUGHT
eg AT LEAST TWO COMPETITIVE QUOTES/OTHER EVIDENCE OF COSTS

TOTAL AMOUNT REQUESTED \$ _____

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 _____

IS THE APPLICANT ORGANISATION REGISTERED FOR GOOD AND SERVICES TAX

YES NO IF YES, GIVE GST NUMBER _____

Please attach a copy of the applicant's resolution to apply for funding, certified as true and correct by the Secretary of the applicant society, e.g. Committee Minutes/Resolution. The Society will require that a receipt form is completed and returned once funds have been received.

CONSENT TO AUDIT & DECLARATION

We agree to comply with a request from an Officer of the Department of Internal Affairs for additional information in relation to the receipt and use of monies by this Society received from the operation of gaming machines.

We 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. This may be conducted by:

- (i) A Chartered Accountant in public practice, or
- (ii) A person appointed by the Department of Internal Affairs.

We agree that the audit or inspection will be carried out in a manner approved by the Department, within the timeframe specified by the Department. This Society shall pay for the cost of such an audit. If the applicant is a incorporated body his application must be signed by two officers.

I certify that all the details entered in this application are true and correct and I have the authority to make this application and give the consent to audit on behalf of the applicant.

1. FULL NAME OF OFFICER _____ 2. FULL NAME OF OFFICER _____

POSITION IN ORGANISATION _____ POSITION IN ORGANISATION _____

SIGNATURE _____ SIGNATURE _____

APPLICATION FOR FUNDS

YOU MAY WISH TO ATTACH A PRINTED DEPOSIT SLIP

BANK _____ BRANCH _____

NAME OF ACCOUNT _____ ACCOUNT NUMBER _____

GRANTS CAN ONLY BE MADE FOR THE FOLLOWING AUTHORISED PURPOSES

The object of the Blue Waters Community Trust shall be to distribute funds to a discretionary beneficiary or beneficiaries on the basis that such distributions are used to:

- a) Foster, encourage, and safeguard the game of amateur bowls and other amateur sports in New Zealand through the promotion of health through sport and recreational activity;
- b) Acquire by purchase, lease or otherwise any real property or rights or privileges which may be considered necessary or expedient for attaining the objects of the Trust;
- c) Lay down, prepare, and maintain bowling greens and other playing areas, and build or otherwise provide pavilions, clubhouses, sheds, workshops, shelters, and other buildings and conveniences in connection therewith, and equip, furnish, alter, enlarge, improve, repair, uphold, and maintain the same respectively for the benefit of the community;
- d) Promote, foster, and encourage the New Zealand Bowling Umpires' Association and the District Umpires' Association and the Coaches Association in their educational work and advancement of bowls as a recreational activity;
- e) Promote, foster, and encourage the Greenkeepers' Association, Blind Bowlers Association and any other amateur body or association related to the game of lawn bowls;
- f) Foster, support and encourage any amateur game or sport where the game or sport is conducted for the benefit of the general public and the promotion of health or education;
- g) Provide financial assistance for the provision of amateur sporting and other recreational facilities for the use of the general public for the promotion of health or education;
- h) Provide financial assistance for the provision of educational programmes, training facilities, equipment, or amenities for the promotion of health or education; and
- i) Benefit educational, cultural, health, environmental, recreational, or philanthropic activities that are for charitable purposes.

The objects of the Blue Waters Community Trust are to distribute funds to its discretionary beneficiaries on the basis that such distributions support and promote the interests of its discretionary beneficiaries. "Discretionary beneficiaries" means Auckland Bowls Incorporated together with its successors and assigns and any person or organisation undertaking charitable, philanthropic, cultural, educational or any other purpose that is beneficial to the community or any section or amateur organisation within it.

www.bluewaterscommunitytrust.co.nz

this form must be mailed directly to

BLUE WATERS COMMUNITY TRUST, PO Box 74 077 Greenlane, AUCKLAND 1546

OFFICE USE ONLY

APPROVED/DECLINED

DIRECT DEBIT REF.

CHEQUE NO.

DATE

GRANT NUMBER

SIGNATURE OFFICER 1

SIGNATURE OFFICER 2

SIGNATURE OFFICER 3