



Application Form

Please answer all the questions (if not applicable please enter "N/A") and supply all the information required in support.

Name of Organisation:

1. **Address:**

Street

District/City

Postal

Telephone Facsimile

2. **Contact Person:**

Name

Position

Telephone (Bus) (Res)

Facsimile (Res)

E-mail

3. **Are you a Charitable Trust, Registered Charity, Trust, Incorporated Society or Other?**

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If Other, please specify:

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4. **Names of Principal Officers:**

Chairperson:

Treasurer: Secretary:



**Application Form
(continued)**

5. State your organisation's purpose and objectives:

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DUNEDIN
CASINO
CHARITABLE TRUST



(continue on a separate sheet if necessary)

6. How long has your organisation existed?

7. Is your organisation responsible to or controlled by any other organisation / authority? (please specify)

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**DUNEDIN
CASINO**
CHARITABLE TRUST



**Application Form
(continued)**

8. **Do you anticipate any material change in your organisation’s financial circumstances in the next 12 months?**

Yes	No	If so, please explain:
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9. **Is your organisation GST Registered?**

Yes	No
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10. **How much money is your organisation requesting from the Dunedin Casino Charitable Trust?** \$

How much money has your organisation set aside/already raised for this project? \$

The balance of cost to be found is \$

TOTAL COST OF PROJECT \$

11. **Give a full description of your organisation’s project or purpose for which Trust funding is sought.** (Continue on a separate sheet if necessary)

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12. **Tell us why this project should be funded. How is it meeting a significant community need? Include who and how many people will benefit.** (Continue on a separate sheet if necessary)

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**Application Form
(continued)**

13. **Supply a detailed breakdown of how the requested funds would be spent.**
(ie: list the items with actual or **quoted** costs of each)

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14. **Is your organisation entitled to receive funding assistance towards this project from any other source, eg central or local government, your head office or other?**
(Please specify)

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15. **Your organisation must be registered with the Charities Commission; or be a primary, intermediate or secondary school.**

Please provide us with your charity's registration number
A charities registration number can be obtained from the Charities Commission. For further information go to www.charities.govt.nz

Note: *A letter from the Inland Revenue Department is no longer sufficient evidence of charitable status.*



**Application Form
(continued)**

16. Has your organisation applied to any other funding agencies for this project?
(Please provide details)

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17. Please provide us with copies of those items listed below. If any of the documents requested are not available, please advise of the circumstances.

- a Annual Accounts (ie your most recent accounts)
- b Copy of your organisation's Constitution/Rules/Deed of Trust/Charter
- c Annual Report
- d Bank account details to enable deposit of funds should your application be successful

18. If you wish to supply any further information you believe would support your organisation's application, please do so here, or as an attachment.

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**Application Form
(continued)**

19. APPLICANT'S DECLARATION:

- a This application has the formal approval of our controlling Board/Committee/Authority, and
- b to the best of my knowledge, the information provided herein and on the supplementary sheets is true and correct, and
- c that further information provided by us during the course of assessment of this application will be true and correct, and
- d we acknowledge that any decision made by the Dunedin Casino Charitable Trust is final. We accept that no reasons for such decision will be given, nor will any correspondence be entered into.

For and on behalf of our organisation:

Name (print): Signature:

..... Position:

..... Date:

CHECKLIST – HAVE YOU:

COMPLETED ALL THE QUESTIONS ON THIS FORM?	<input type="checkbox"/>
PROVIDED A COPY OF YOUR CONSTITUTION?	<input type="checkbox"/>
BANK ACCOUNT DETAILS?	<input type="checkbox"/>
ENCLOSED A COPY OF YOUR LATEST AUDITED ACCOUNTS?	<input type="checkbox"/>
ENCLOSED A COPY OF IRD APPROVAL AS A CHARITABLE ORGANISATION OR CHARITIES COMMISSION REGISTRATION NUMBER?	<input type="checkbox"/>

APPLICATIONS CLOSE Friday 21 October 2022 at 5:00 pm

POST TO: The Administration Trustee, Polson Higgs, PO Box 5346, Dunedin 9054

COURIER: Polson Higgs, 139 Moray Place, Dunedin 9016

BY HAND: As for Courier