



GRANT APPLICATION FORM

Cut off date: Applications must be received at Trillian's office by 4pm on the 10th of each month. If the 10th falls on a weekend, then cut off will be the Friday prior, no exceptions.



NOTES FOR ALL APPLICANTS:

Trillian Trust Inc is an incorporated society which assists community organisations through monetary donations to Authorised Purposes. The funds distributed are generated through the operation of gaming machines in licenced member venues. The application must be for a specific purpose(s) that meets the requirements of our Authorised Purpose below.

To assist with this process, please read the entire form and guidelines prior to completing, and ensure you include all the required information. Applicants must be charitable or not-for-profit community organisations.

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STATEMENT OF AUTHORISED PURPOSE

Promotion of any amateur sport where that sport is conducted for the recreation of the general public. This includes, but is not limited to, the provision of ground fees, equipment and uniforms for amateur sporting clubs and teams. No donations and/or payments to professional sports people.

Donations for cultural educational purposes that are of a non-commercial nature.

Donations for educational advancement through grants to schools or other educational institutes for equipment or the development of better student amenities not covered by government funding, including playground equipment etc.

Donations to recognised charitable organisations to further the objects of those groups.

Promoting, controlling, and conducting race meetings under the Racing Act 2003, including the payment of stakes, and the provision and maintenance of public amenities primarily used for race meetings

No payment, commission or any other kind of financial reward can be attached or demanded as a pre-condition for either the issuing of any authorised purpose grant application forms, or the payment of any authorised purpose grants.

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 (i.e. funds received will be used for the purpose stated immediately).

Section 113 of the Gambling Act 2003 prohibits Key Persons in relation to the venues from being involved in the grants process including the distribution or acceptance of applications, management or decision making of the applications or the distribution of funds; providing or deciding who will provide the goods or services to the recipients of grant funds. All queries regarding applications and completed applications must be forwarded to Trillian Trust Inc directly.

Trillian Trust Inc is under no obligation to meet requests forwarded by applicants and has complete discretion in the allocation of funds. Your organisation will be advised in writing of the outcome of your application and notification will be sent to the Secretary of your organisation.

If your application is approved the funds will be deposited into the nominated bank account, with the following conditions:

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 from trust funds on the condition that no procurement 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 or services to any party involved as a result of the payment being made.
- Any grant made by Trillian Trust Inc is exempt from Goods and Services Tax.
- Trillian Trust Inc reserves the right to obtain alternative quotes for the goods or services applied for and where possible will state which quote was approved.
- Following the expenditure of the grant funds allocated, the grant recipient must provide Trillian Trust Inc with receipts and bank statements as evidence of the correct application of the funds.
- In the event of non-compliance with any of these conditions an amount equal to the amount of the allocation will be immediately repayable by the recipient to Trillian Trust Inc.

EXPENSES NOT PERMITTED: (Included but not limited to)

- Wages and Salaries
- Overseas travel/overseas accommodation costs
- Purchase of buildings and/or land
- Vehicles/mileage costs
- Prizes (other than medals or trophies)
- Gifts/Koha
- On-going operational costs
- Dress uniforms/ Training uniforms
- Personal items eg. Shoes, socks, mouth guards
- Food/Drinks
- Social club expenses
- Retrospective expenses
- Individuals

P: 09 579 1428 F: 09 579 1532 E: info@trillian.co.nz A: 5a Bassant Ave, Penrose, Auckland 1061 PO Box 12245, Penrose, Auckland 1642

Application Status is available online at www.trillian.co.nz e.g applications received by 10th February will be online at the beginning of March





GRANT APPLICATION

1. Applicant Organisation Information

Name of Organisation/Sports Club:		
Purpose of Organisation: <input type="checkbox"/> Community <input type="checkbox"/> Education <input type="checkbox"/> Rescue Services <input type="checkbox"/> Sport <input type="checkbox"/> Horse Racing <input type="checkbox"/> Other		
Physical Address of Organisation:	Region:	
	Postcode:	
Postal Address:	Region:	
	Postcode:	
Phone:	Fax:	Email:
Bank Account Details (please attached a pre printed deposit slip here)		
Bank:	Branch:	Account Name:
Account Number:		

2. Contact Person Information

Name:	Position:
Postal Address:	
	Post Code:
Preferred Contact Number:	Email:

3. Purpose of Application

(Please provide a brief summary of what you are applying for below). Stating “See Attached” is not sufficient. It is compulsory to complete this part of the application form. You may then attach more details and supporting information to the application form if needed.

Event Date(s): Where applicable

4. Cost Breakdown

(You must include 2 quotes per item). This section must be completed in full. Stating “See Attached” and not completing this section is not sufficient. We do not provide any funding for the GST portion of goods/services applied for.

Items	Quote 1 (GST Exclu)	Supplier Name	Quote 2 (GST Exclu)	Supplier Name
1	\$		\$	
2	\$		\$	
3	\$		\$	
4	\$		\$	
Quote Total	\$		\$	
Total Amount Requested (GST exclusive)	\$			

Have you applied for these funds from any other Trust/Organisation (Please Tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If YES to whom and for how much?				
If you only require a portion of the total amount of funding, where do you intend to get the balance from?				
How did you obtain this application form? (Please Tick)	<input type="checkbox"/> From Trillian Directly	<input type="checkbox"/> From Hotel/Tavern	<input type="checkbox"/> Website	<input type="checkbox"/> Other
If from a Hotel/Tavern which one?				
If from a Hotel/Tavern, does this application have any commercial benefit to the member Hotel/Tavern (Please Tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Checklist (Tick Box) - Information That Must Be Included.
Please ensure you have completed all sections of the application form in full and that you have included all of the following information.
Incomplete applications will not be considered and will be declined.

<input type="checkbox"/>	A pre-printed deposit slip, bank generated account details or a written deposit slip verified by the bank in the name of the applicant is attached
<input type="checkbox"/>	Two or more competitive and detailed quotes for each of the goods and/or services applied for. The quotes must be less than 3 months old, addressed to the applicant group and contain full supplier details (e.g. supplier name, address, telephone, GST status, etc). Website quotes will not be accepted.
<input type="checkbox"/>	A copy of the applicants Certificate of Incorporation (where applicable), Constitution/Trust Deed or Charities Registration. Where applicable a current, signed affiliation letter (where affiliated to a regional or national body) and an introductory letter outlining a short description of your organisation.
<input type="checkbox"/>	A full set of minutes where it was resolved to apply to Trillian Trust Inc for the funds for the goods and/or services. The minutes must not be more than 3 months old and they must be certified as true and correct by the Chairperson or Secretary of the board where this is not possible a separate signed resolution must be supplied as well.
<input type="checkbox"/>	Attached any documentation relating to the actual project or materials that you may be requiring this also includes budgets, plans and any other documents to support your request.
<input type="checkbox"/>	This application must be signed and dated by two authorised persons (with at least one signature being that of the Chairperson or Secretary of the board) of the applying organisation.

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

Consent To Audit
We agree to comply with a request from an officer of the Department of Internal Affairs or the Society issuing the donation for additional information in relation to the receipt and use of gaming machine funds received as a result of this application.
We agree that an officer of the Department of Internal Affairs or a representative of the Society may direct an audit or inspection of the books, accounts or data systems into which funds received as a result of this application have been deposited. This may be a chartered accountant in public practice, or 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 or Society, within the time frame specified by the Department or Society. This Society shall pay for the cost of such an audit.

We declare that we have read and understood the above and that the attached paperwork is true and correct to the best of our knowledge, AND;
We declare that we have the authority to make this application on behalf of the aforementioned Organisation.

Signature:	Date:	Impress Common Seal (if incorporated)
Full Name:	<input type="checkbox"/> Chairperson <input type="checkbox"/> Secretary (Please Tick)	
Signature:	Date:	
Full Name:	Position:	

Submit your application to the address below:
Post: PO Box 12 245, Penrose, Auckland 1642
Telephone: 09 579 1428 **Fax:** 09 579 1532 **Email:** info@trillian.co.nz
The Grants Committee meet on a monthly basis.
Please note emailed applications will not be accepted.
Application Status is available online at www.trillian.co.nz (e.g applications received by 10th February will be online at the beginning of March)

FOR OFFICE USE ONLY	
Date Received: _____	Grant/Direct Credit Reference Number: _____
Approved / Declined Date: _____	Amount Approved: \$ _____
Signature: _____	