

P: 211 3640 PO Box 208, Invercargill, 9840 252 Dee Street, Invercargill E: <u>ilt@ilt.co.nz</u> www.ilt.co.nz							
Name of Applicant Organisation: (must be sar	ne as bank acc	ount name)					
Address: Email:				Telephone Number &			
Physical:							
Postal:							
Two contact names Role			<u> </u>	Cell Phone No.			
Primary:							
Secondary:							
Total Grant Requested from ILT				\$			
What is the grant to be used for? (Please be sp	pecific & include	dates and loca	tion – use a s	eparate si	heet if nece	essary)	
If funding request is for Wages please advise		Salany Amou	int Tot	ol Poqua	otod Am		
Name of Employee & Role i.e. Joe Blogs, Coach	\$50,000	Annual Salary Amount		Total Requested Amount \$10,000			
	\$		\$				
(NB: employment contracts may be requested)							
What is the purpose of your organisation?							
How many people belong to the organisation number?			-				
How many people would benefit from this number?	s grant?	Please	e explain f	now you	i calculat	ed this	
Please detail <u>how</u> people will benefit from thi	i <b>s grant</b> (use a	separate sheet	if required)				
What is the legal status of your organisation <sup>4</sup> Trust	? 🛛 Inco	rporated Soc	iety 🛛	Not-for-	-profit		
(please tick all that apply)	Club	IRD Done	e Status	Otl Otl	h <b>er</b>		
Does your organisation work with Yes children?		If 'Yes', does Child Protect		Yes			
Is your organisation registered with the Char	ities Commis	sion? Ye	es 🛛 cc		No		
Are you GST registered? Yes   If GST registered, funding will not include any GST.	5 🛛 No 🗖	GST No:					
What is your NZ Business Number? (refer www	<u>w.nzbn.govt.nz</u> )						
Budgets (Please attach the following to this appl	ication)						

1) Organisation's approved budget (income & outgoings) for the <u>coming 12 months.</u> If funding is for a specific event, please also attach a separate event budget.

**2)** Most recent financial statements (if currently being audited please provide a draft copy). NB: Financial information on reserves/cash on hand/investments must be included

3) If your application is for a one off project or event, please also attach two quotes for costings.

4) Please include details on fundraising you have done or intend to do, towards the funding applied for.

## PLEASE COMPLETE OTHER SIDE OF FORM ALSO

Has the organisation applied for, or received funds, in the last 12 months from any other source? i.e. ILT Foundation, CTS, ICC, Lotteries, MSD, MBIE, Government Wage Subsidy, Sponsorships YES/NO (*If* Vas give full details, using separate short if necessary)

res, give run details, using separate sheet in necessary)				
Received From:	Purpose Given For:	Amount:		
		\$		
		\$		
		\$		
		\$		

Please attach a copy of the organisation's resolution to apply for funding to the ILT. e.g. <u>Committee</u> <u>minutes</u>

## Declaration

- 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 ILT can only be used for the purpose for which the grant was approved. Copies of invoices, receipts and bank statements (where applicable), along with any unspent funds, will be returned to ILT after the funds have been applied towards the purpose for which the grant was made.
- We authorise ILT to retain information pertaining to this application and to disclose that information as deemed necessary by ILT for any purpose, including the publication of grants information.
- We have read, understand and accept all the conditions applicable to this application for a grant.

Signature: 1	 Signature: 2	
Printed Name:	 Printed Name:	
Role:	 Role:	
Date:	 Date:	

Applicant Organisation's Bank:
Branch:
Account Number:
Name of Account:

<u>or</u> attach a pre-printed deposit slip. (Personal bank accounts are not permitted) Please note: the name of the account must match your organisation's name.

## \*\*Please keep a copy of this application for your records\*\*

Applications are due three weeks prior to the Board meeting at which they are to be considered. Meeting dates are available on our website: www.ilt.co.nz.

Office Use Only	
Date Received:	Grant Number:
Meeting Date:	Approved / Declined Amount Approved: \$
Notes:	