





GRANT APPLICATION FORM

GRANT APPLICATION

P O Box 54021 The Marina Auckland 2144



Organisation name:	
This should generally be the same as the bank account	
Postal Address:	
This is the address we will use for written correspondence about your application	
Post Code:	
Fost Code.	
Physical Address:	
This is where your project or service takes place	
Phone Number:	
This is the main contact number for your organisation	
organisation	
Main Contact Person for this Applica	ation—Note: An application from a school needs to include a letter
	ad endorsing the application for funding
Title:	
First Name:	
Last Name:	
Last Name.	
Email Address:	
This is the email address we will use to contact you if required regarding the	
application	
Phone:	
Alternative Phone:	

How many members belong to your organisation?				
How many individuals will benefit from this application?				
Is your organisation GST registered?		Yes		No
What is your GST number?				
If your organisation is not registered for GST an AMF grant will include GST				
Has your organisation been operating for more than 12 months?		Yes		No
Auckland Maritime Foundation does not approve grants to new organd can demonstrate an ability to set up, maintain and provide their Also that they are able to control and spend public monies in an appand provision of an audit trail.	r service delive	ery without total relia	ince on only one	e source of funding.
Do you anticipate any significant change in your or If yes, please explain.	rganisation	's financial situ	ation in the	next 12 months?
Please attach a copy of your Audited Financial Accounts for the past 3 years together with original bank verification. Verification can be in the form of a bank statement, or a bank encoded deposit slip, or hand-written or printed bank details which have been stamped as verified by the bank.				
What is the main aim or purpose of your organis	ation?			

Purpose of Application: Please provide a brief summary of what you are applying for. 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 if form if needed.				
 You will need to obtain two competitive quotes for the goods or services you need. These should be current (i.e. dates less than 3 months prior to the date of application) and on supplier's letterhead. If you can't provide two quotes, please tell us why. If you have a preferred supplier arrangement with one provider please clearly indicate this. AMF reserves the right to obtain alternative quotes. If your organisation is GST registered you should apply for goods and/or services exclusive of GST. If you are not GST registered our funding includes GST. Allocation of funds is an unconditional gift. 				
Items	Quote 1 Excl GST	Supplier Name	Quote 2 Excl GST	Supplier Name
1	\$		\$	
2	\$		\$	
3	\$		\$	
4	\$		\$	
Quote Total	\$		\$	
Total Requested Excl GST	\$		\$	
What other activities will your organisation undertake to fund this project? For example sausage sizzles, charity auctions, car washes, self-funding, sale of existing asset (trade in) etc.				
Have you made application to any other organisation for funding for this project within the last 12 months? If so, please provide details:				

How could a grant from Auckland Maritime Foundation (Half Moon Bay Marina) be acknowledged?		
Is there any other pertinent information you feel would be of interest?		

CONDITIONS OF ALLOCATION OF FUNDS:

- AMF is under no obligation to meet requests and has complete discretion in the allocation of funds
- The funding must be used for the specific purpose for which it was applied.
- Grants cannot be retrospective.
- There is an expectation that grants approved will be expended within six months of receipt at which time an Accountability Report must be provided. Any funds not specifically used for this project must be returned.
- Following the expenditure of the grant funds allocated, the grant recipient must provide Auckland Maritime Foundation with receipts and bank statements as evidence of the correct application of the funds.
- If the items purchased using the grant funds allocated are to be disposed of within a three year period, they must be returned to the Auckland Maritime Foundation. The exception is if they are to be used as a trade in with Auckland Maritime Foundation's approval.
- 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 Auckland Maritime Foundation.
- If there is a change in circumstances or costs, Auckland Maritime Foundation must be notified in writing.
- In the event that adequate audit documentation for a grant cannot be obtained, actual costs are less than those indicated in the application, funds are spent for other than the approved Authorised Purpose, there is any other irregularity in the grant process, or the application has received funding from another source for the same purpose, then Auckland Maritime Foundation is required to obtain a refund of the grant.
- Failure to provide audit documents will require grant money to be refunded.

Names of your organisation's main office holders as appropriate:						
Chairperson/Commodore						
Secretary/Treasurer						
CEO/School Principal/Other						
CONSENT TO AUDIT: IMPORTANT THIS MUST BE COMPLETED — 2 PERSONS MUST SIGN						
We agree to comply with a request from the Auckland Maritime Foundation for additional information in relation to the receipt and use of the grant monies paid to this organisation (the applicant). We agree that the Auckland Maritime Foundation may direct an audit or inspection of the books, accounts, or data systems in which the receipt of the grant monies have been deposited.						
We agree that the audit or inspection will be carried out in a manner approved by the Auckland Maritime Foundation.						
We further agree that any information requested will be provided in a timely manner to the Auckland Maritime Foundation.						
We acknowledge representation made in the applic	ation form is true and correct.					
We hereby consent to the above audit conditions and certify that the information included in this application together with any supporting details is true and correct.						
Name:	Name:					
Position:	Position:					
Signature:	Signature:					
Date:	Date:					

Please send this completed form and all attachments directly to:

Auckland Maritime Foundation
P O Box 54021
The Marina
AUCKLAND 2144

