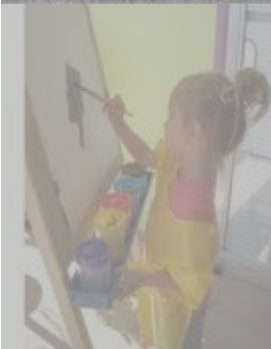


# Make it Happen Charitable Trust



Make It Happen



**Make It Happen!**

**Grant Application Form**

# Make It Happen Charitable Trust

## Introduction

Make it Happen Charitable Trust was established on 9 September 2010. The Trust's purpose is to make grants to children and their families' primarily resident in the North West area of Christchurch. The grants are to meet or go towards the costs of assisting in a sport, school activity, the arts, music, community or cultural activity education and possible medical costs.

## Background

The trustees of Make it Happen Charitable Trust are Richard Sprott and Jane Watson, Principals of Bishopdale Law.

and

Warren Perriam, Principal of Perriam & Partners Chartered Accountants.

Both business's and their staff share a vision of wanting to give back to the Community in which many of them and the clients of the two firms reside.

A percentage of every fee dollar generated by the two businesses will be paid into the Make It Happen Charitable Trust and it is these funds that the Trust will make available as grants.

## Grants

We invite you to uplift one of our application forms and submit it to the trustees for consideration. If you don't, it "May Not Happen".

Trustees:

Richard Sprott, Jane Watson and Warren Perriam

# **Make It Happen Charitable Trust**

Please read all information carefully and send complete documentation (all pages including these notes) together with attachments directly to Make It Happen Charitable Trust Inc—PO BOX 20031, Bishopdale, Christchurch

## **Grant Application Form**

### **Conditions of Grant**

It is a condition that the proposed GRANT 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 grant being an unconditional gift from Make It Happen Charitable Trust funds and on the condition that no procurement fee, commission and/or discount has or will be paid to any person and that no identifiable benefit arise 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 IN THE EVENT OF NON-COMPLIANCE WITH ANY OF THESE CONDITION AN AMOUNT EQUAL TO THE AMOUNT OF THE GRANT IS IMMEDIATELY REPAYABLE BY THE RECIPIENT TO MAKE IT HAPPEN CHARITABLE TRUST.

### **OTHER RULES ABOUT GRANT APPLICATIONS AND PAYMENTS**

- a. Grant applications must be supported by evidence of the purpose.
- b. Grants cannot be retrospective (i.e. to reimburse funds already spent).
- c. All applications shall contain a signed "Consent to Audit"
- d. Make It Happen Charitable Trust shall make grants only to the authorized purposes intended.
- e. Make It Happen Charitable Trust must pay grants directly to the applicant.
- f. Grants must not be made on a promissory basis.
- g. Grants must be of immediate and direct benefit to the applicant.
- h. Payments must be either in the form of a crossed cheque made out to the applicant organization, or by a fully auditable direct bank payment.
- i. Make It Happen Charitable Trust shall take reasonable steps to ensure that grants are used for the purpose stated by the recipient in the application.
- j. Make It Happen Charitable Trust shall not make grants that would provide pecuniary benefits to its principal officers, representatives, or any associated person.

### **AUDIT AND INSPECTION**

Records and liable to inspection by Make It Happen Charitable Trust and are subject to audit.

Make It Happen Charitable Trust may also request information and verification as to how the funds were used.

MAKE IT HAPPEN CHARITABLE TRUST REQUIRES THAT ALL GRANT APPLICATIONS MUST INCLUDE A CONSENT TO AUDIT THE RECIPIENT'S ACCOUNTS TO VERIFY RECEIPT AND CORRECT USE OF GRANT FUNDS.

# GRANT FORM

Part 1

To: Make It Happen Charitable Trust  
PO Box 20031  
CHRISTCHURCH

Date:

<b>Name of Applicant Organisation:</b>	<input type="text"/>		
<b>Type of Organisation:</b> <small>(e.g. School, individual, Sports Team, Sports Club, Community organisation, etc)</small>	<input type="text"/>		
<b>Street Address:</b>	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
<b>PO Box No. / Email Address:</b>	<input type="text"/>	<input type="text"/>	
<b>Telephone Numbers:</b>	<input type="text"/> Business	<input type="text"/>	A/Hours

<b>Contact Person</b>	<input type="text"/>		
<b>Personal Street Address:</b>	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
<b>Telephone Numbers:</b>	<input type="text"/> Business	<input type="text"/>	A/Hours

**Reason for Application - i.e. what is the grant to be used for?** (Detail purpose(s) - Please be specific)

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**Cost of breakdown** (Use separate sheet if necessary; refer to note (a) about need for competitive quotes / other evidence of costs)

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Has the applicant organisation applied for funds for the same purpose from any other source?    
**(If YES, give full details using separate sheet if necessary)**

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**Total amount requested:** (words and figures)

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# Consent to Audit

We agree to comply with the request from Make It Happen Charitable Trust for additional information in relation to the receipt and use of the grant received as a result of this application.

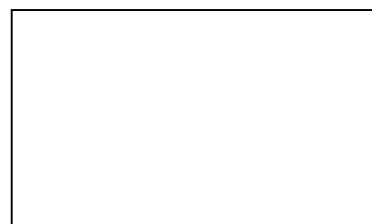
We agree that a representative of the Make It Happen Charitable Trust may direct an audit or; inspection of the books, accounts or data systems onto which funds received as a result of this application have been deposited.

This may be conducted by:

(i) a chartered accountant in public practice; or a consultant nominated by Make It Happen Charitable Trust.

We agree that the audit of inspection will be carried out in a manner approved by Make It Happen Charitable Trust, within the timeframe specified by Make It Happen Charitable Trust. This organisation shall pay for the cost of such an audit.

**Signature of Secretary/Parent/ Officer:** \_\_\_\_\_  
(or other responsible and authorized representative of applicant organisation)



Impress common seal (if applicable)

**Date:** \_\_\_\_\_

**Bank:** \_\_\_\_\_

**Branch:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name of Account:** \_\_\_\_\_

Is the organisation GST Registered?  Yes  No

If yes, GST Number: \_\_\_\_\_

Attach printed bank deposit slip or other verification, e.g. bank statement

## CHECK LIST

**Have you:**

- Read and understood the information Notes:
- Fully completed all preceding sections of Part One and Two of the Application Form?
- Attached any additional papers where there has been insufficient space to provide all details?
- Attached your organization's resolution to apply for a grant, certified as true and correct?
- Attached copies of quotes, invitations to events, and/or other supporting material?   
(NB: These must be addressed to the applicant organisation)
- Where applicable, attached evidence of affiliation to a nation body?
- Provided a printed bank deposit slip, or a copy of your organization's bank statement?

### FOR MAKE IT HAPPEN CHARITABLE TRUST USE ONLY

Location: _____	Signatures:
Approval / Declined: _____	_____ (Officer)
Amount Approved:                      \$ _____	_____ (Secretary)
Date Approved:                              ____/____/____	_____
Direct Debit or Chq Number: _____	_____ (Committee Member)
Grant Number: _____	