DUNEDIN CASINO
CHARITABLE COMMUNITY TRUST

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: .....
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1. **Address:** Street
.....
District/City
.....
Postal
.....

Telephone ..... Email .....

2. **Contact Person:** Name
.....
Position
.....
Telephone (Bus) (Res)
....
(Res)
.....
E-mail
.....

3. **Are you a Charitable Trust, Registered Charity, Trust, Incorporated Society or Other? All registered Incorporated Societies, Charities and Companies should have a number that can be checked online.**
If Other, please specify:
.....
.....

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

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Application Form
(continued)

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4. **Names of Principal Officers:**

   Chairperson: .....

   Treasurer: ..... Secretary: .....

5. **State your organisation's purpose and objectives:**

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   (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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(continued)

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

Yes	No

If so, please explain: .....

.....

9. **How much money is your organisation requesting from the Dunedin Casino Charitable Community 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 **$**

Please provide details if you have other funding secured for this project, and list any other funding agencies you have applied to:

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(continued)

10. **Please describe your organisation's project and detail how it is meeting a significant community need.** (Continue on a separate sheet if necessary)

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11. **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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DUNEDIN CASINO
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(continued)

12. **You may be required to provide us with copies of the items listed below. We will contact you requesting this information if required**.

    a Annual Accounts (i.e. your most recent accounts);

    b Copy of your organisation's Constitution/Rules/Deed of Trust/Charter;

    c Annual Report.

13. **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 Community 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? ☐

ENCLOSED A COPY OF IRD APPROVAL AS A CHARITABLE ORGANISATION OR CHARITIES COMMISSION REGISTRATION NUMBER? ☐

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CHARITABLE COMMUNITY TRUST
Application Form
(continued)

APPLICATIONS CLOSE 23 October 2026

POST TO: Dunedin Casino Charitable Community Trust, Grand Casino, 118 High St, Dunedin, 9016

EMAIL: charitablegrants@grandcasino.co.nz

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