


LOTTERY ALL COMMITTEES Group Client Agreement Form



NEW ZEALAND
Lottery Grants Board
TE PUNA TAHUA
Funded from the profits of Lotto

Client number:

Application number:

 On behalf of our group _____ (group name),
we the undersigned agree to the following conditions if we are funded by the New Zealand Lottery Grants Board:

1. To spend the grant within 12 months of the date of grant approval unless written approval for an extension is obtained from the Lottery committee before that 12 month period ends.
2. To spend the grant only for the purpose(s) approved by the Lottery committee unless written approval for a change of purpose(s) is obtained in advance from the committee.
3. To return to the Department of Internal Affairs any portion of the grant that we do not spend on the approved purpose(s).
4. To return to the Department of Internal Affairs any portion of the grant which is unspent should our organisation wind up or cease operations.
5. To acknowledge the receipt of a Lottery grant as a separate entry in our accounts, or in a note to our accounts, in our organisation's annual report and in any media publicity arising from the project funded.
6. To make any files or records that may relate to the expenditure of this grant available for inspection if requested by the Department of Internal Affairs.
7. To complete and return an Accountability Report when the grant has been fully spent, or 12 months after the grant has been approved, whichever is soonest. (Note: This report can be downloaded from www.cdgo.govt.nz or a paper form can be obtained from your local LG&C office.)
8. To inform the Department of Internal Affairs of any changes in our organisation before the Lottery application has been considered or the grant has been fully used and accounted for. (For example, change of postal, physical or email address; telephone or facsimile number; office holders; management; financial viability; an intention to wind-up or cease operations; or any other significant event.)
9. To lay a complaint with the Police and notify the Department of Internal Affairs immediately if any of the grant money is stolen or misappropriated.
10. Our organisation has declared its GST status. If our GST status changes we will notify the Department of Internal Affairs immediately.

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In submitting this application you and/or the organisation you represent (hereafter referred to as the "applicant"), acknowledge and agree that the Department may disclose to or obtain from any other government department or agency, private person or organisation, any information about the applicant for the purposes of gaining or providing information related to the funding of the applicant.

To view any personal information held by us, or if you have any concerns about personal information that we hold, please write to: The Privacy Officer, Department of Internal Affairs, P.O. Box 805, Wellington



DECLARATION *(Two office holders must complete)*

This declaration must be signed by two office holders/people with authority to sign on behalf of the organisation. Signatories must be over fifteen years of age, cannot be related, partners or live at the same address. You cannot be a signatory if the application relates to a salary for yourself.

I declare:

- a) that all the details contained in this Client Agreement and in our application form, or supplied by us in support of our application, are true and correct to the best of our knowledge and belief; and
- b) that I have the authority of our organisation to sign this Client Agreement and to provide this information; and
- c) that our organisation has the following set of minimum internal controls in place:
 - two signatories to bank accounts; and
 - maintenance of a cashbook or computer equivalent; and
 - appointment of a treasurer who is responsible for keeping the financial records; and
 - tracking of different funding e.g. through a spreadsheet or journal entry; and
 - regular financial reporting to every full meeting of the governing committee or trustees.

First name

Last name

Position *(e.g. chairperson, secretary, treasurer)*

Daytime phone number

Alternative phone number

Fax number

Email address

Signature

Date

(day / month / year)

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First name

Last name

Position (e.g. chairperson, secretary, treasurer)

Daytime phone number

Alternative phone number

Fax number

Email address

Signature

Date

(day / month / year)

Your nearest Department of Internal Affairs Local Government and Community Offices

Lottery Regional Community Committee applicants please send all relevant documentation to Regional offices.
For all other applicants please send relevant documentation to National Office.

National Office

Local Government and Community Branch
PO Box 805
Wellington

Rotorua

Local Government and Community Branch
Private Bag 3041
Rotorua

Nelson

Local Government and Community Branch
PO Box 1149
Nelson

Kaitia

Local Government and Community Branch
26 Puckey Ave
Kaitia

Gisborne

Local Government and Community Branch
PO Box 254
Gisborne

West Coast

Local Government and Community Branch
PO Box 33
Greymouth

Whangarei

Local Government and Community Branch
PO Box 1755
Whangarei

New Plymouth

Local Government and Community Branch
PO Box 331
New Plymouth

Christchurch

Local Government and Community Branch
PO Box 4033
Christchurch

North/West Auckland

Local Government and Community Branch
PO Box 83-209
Waitakere City

Napier

Local Government and Community Branch
PO Box 1042
Napier

Dunedin

Local Government and Community Branch
PO Box 5341
Dunedin

Manukau

Local Government and Community Branch
PO Box 76 451
Manukau

Palmerston North

Local Government and Community Branch
36 Victoria Ave
PO Box 247
Palmerston North

Invercargill

Local Government and Community Branch
PO Box 501
Invercargill

Hamilton

Local Government and Community Branch
PO Box 19 230
Hamilton

Wellington

Local Government and Community Branch
PO Box 30454
Lower Hutt

To apply online: www.cdgo.govt.nz. For assistance: freephone 0800 824 824