

## COGS / Lottery Registration Form

**Before you start filling out this form**, read the *Information Sheet* to help you decide whether you are eligible for a grant.

You must complete all sections of the form.

Need more help? If you have any questions about this form, call our freephone 0800 824 824.

### OFFICE USE ONLY:

Client Number:

File Number:

Date Received:

Date Acknowledged:

### SECTION A: YOUR GROUP DETAILS

**A1. What is your group's name?** (If you have a registered name please use this - and if you are a local branch of a national organisation please specify - eg Royal N.Z. Plunket Society Manawatu)

Full name of group

Other names your group is known by

**A2. What is your group's address?**

Postal address

City/Town

Physical address (If different from above)

City/Town

**A3. What are your group's contact details?**

Phone number

Email address

Fax number

Website address

## SECTION B: YOUR OFFICE DETAILS

### B1. Who is your group's primary office holder?

First name

Last name

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

Daytime phone number

 ( )

Alternative phone number

 ( )

Fax number

 ( )

Email address

### B2. Who is your group's secondary office holder?

First name

Last name

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

Daytime phone number

 ( )

Alternative phone number

 ( )

Fax number

 ( )

Email address

### B3. Who are your group's trustees?

First name

Last name

First name	Last name

Please continue on separate sheet if necessary

### B4. What is your legal status? (Tick the box(es) that reflects your legal status)

We have legal status

We are established as

An Incorporated Society

Date of Incorporation

 /  / 

(day / month / year)

A Registered Charitable Trust

Certificate of

Incorporation No



Other Legal Entity (eg Maori Trust Board)

Specify



We do not have legal status

(If you are applying for more than \$10,000 your group will need to have legal status.)

**Note A**

**Where is your nearest LG&C branch office?**

**LG&C Branch Office**

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Far North (Kaitaia)

Northland (Whangarei)

Auckland/Waitakere

Manukau

Waikato - Hauraki (Hamilton)

Rotorua/Eastern Bay of Plenty (Rotorua)

East Coast (Gisborne)

Taranaki (New Plymouth)

Hawkes Bay (Napier)

Whanganui - Manawatu - Wairarapa (Palmerston North)

Wellington

Nelson - Marlborough (Nelson)

West Coast (Greymouth)

Canterbury (Christchurch)

Otago (Dunedin)

Southland (Invercargill)

**B5. Where is your nearest LG&C branch office?** (See Note A on the facing page for options)

## SECTION C: YOUR ANNUAL ACCOUNTS

**C1. What is the balance date of your group's annual accounts?** (e.g. If your annual accounts start on 1st July and the end of your financial year is 30th June the balance date is 30th June)

Balance Date  /  (day / month)

**C2. Are your accounts audited or verified by a suitably qualified person?**

YES

NO

**C3. Are you registered for GST?**

YES What is your GST Number?

NO

**C4. Are you registered with the Charities Commission?**

YES What is your Charities Commission Number?

NO

**C5. Does your group have an approved provider status?**

YES

Child, Youth and Family

Date of next assessment  /  /  (day / month / year)

Ministry of Justice

Date of next assessment  /  /  (day / month / year)

Other *Please specify*

Date of next assessment  /  /  (day / month / year)

NO

## NOTES FOR PAGE 4

### Note B

#### National Organisations (Choose from this list, or select Other)

Age Concern	NZCCS
Alzheimers NZ Inc	NZ Council of Social Services
Amputees Society	NZ Council of Victim Support Groups
Arthritis Foundation	Open Home Foundation of NZ
Asthma and Respiratory Foundation of NZ	Parent to Parent NZ
Barnardos NZ	Parenting with Confidence
Brain Injury Association	Parents Centre NZ
Catholic Social Services	Parkinsonism Society
Child Cancer Foundation	People First NZ Inc
Deaf Association of NZ Inc	NZ Federation of Prisoners Aid & Rehabilitation Societies
Diabetes NZ	Refugee & Migrant Commission
Disabled Persons Assembly NZ	Relationship Services Inc
Epilepsy Association of NZ	Richmond Fellowship of NZ
Family Planning Association of NZ	Schizophrenia Fellowship of NZ
Hearing Association	SPELD NZ
IHC NZ	Stroke Foundation NZ Inc
Multiple Sclerosis Society of NZ	Te Ora Hou Aotearoa Inc
National Association of ESOL Home Tutor Schemes	Toughlove NZ
National Council of YMCAs of NZ	Toy Library Federation of NZ
NZ Association of Citizens Advice Bureaux	Other

## SECTION D: YOUR GROUP AIMS

### D1. When did your group start operating?

Date  /  /  (day / month / year)

### D2. Does your group have a specific cultural or ethnic focus? Tick the appropriate box(es)

YES

European

Maori (Please specify)

Pacific

Whanau - based

Asian

Iwi - based

Other (Please specify)

Hapu - based

NO

### D3. Is your group affiliated with, or part of, any national organisation? (See Note B on the facing page for options)

YES (Please specify)

NO

### D4. What are your group's long term aims and objectives?


*Please continue on separate sheet if necessary*

### D5. What are your group's services or programmes?


*Please continue on separate sheet if necessary*

**SECTION E: YOUR WORKERS' DETAILS**

**E1. How many paid workers does your group employ?**

**What is the average total number of hours per week that these people work?**

**E2. How many volunteer workers does your group have?**

**What is the average total number of volunteer hours per week?**