OCEANAGOLD
MACRAES OPERATION

MACRAES FUNDING APPLICATION FORM

BEFORE YOU START

- Applications can only be submitted using this online form. Additional information can be attached.
- Applications are accepted at any time by our Macraes Funding Committee. The Funding Committee reviews applications every quarter. Please note it may take up to three months to process your application.
- A committee will consider the application against a set of criteria. OceanaGold's purpose is to "***Mine gold for a better future***" and part of that is ensuring neighbouring communities are healthy, vibrant and self-sustaining.
- Our decision on your application will be given to you in writing.
- You must complete all questions in this application form.
- Only one donation over $500 will be paid to any organisation during a single financial year (ending 31December).
- If you have any questions about your application, please don't hesitate to email: **socialperformance.macraes@oceanagold.com**

YOUR ORGANISATION'S DETAILS

1. Name of organisation

2. Postal Address, for correspondence

Street / PO Box:

Suburb:

Town/City:

Postal Code:

3. Physical Address of organisation

Street:

Suburb:

Town/City:

Physical Code:

4. Contact No. (landline)

5. Mobile No.

6. Contact Person First Name: Last Name:

7. Position in organisation

☐ President/Chairman ☐ Secretary/Coordinator ☐ Funding Administrator ☐ Principal Other:_____

8. Organisation's Website details: Organisation's Facebook Page details:

9. Organisation's Contact e-mail address:

ABOUT YOUR ORGANISATION

10. Type of Organisation

_____

(Charitable Trust*, Non-Profit Body, Education Facility, Sports Club, Community Group etc.)

*If applicable, what is your Charities Commission Number? _____

Please provide a copy of your Charities Commission Certificate.

11. Is your organisation GST registered? ☐ Yes ☐ No

(If yes, please do not include GST in the costings)

12 Explain the goals and purpose of your organisation. ***If you have a Trust Deed, please attach a copy.***

13. How many employees?

14. How many volunteers? 15. Are any volunteers paid? ☐ Yes ☐ No

16. How many members? 17. Is there a membership fee? ☐ Yes ☐ No How much yearly? $

18. If you are representing a school, what is the present roll number? 19. What is your school decile?

20. How many students have a parent/guardian directly employed by OceanaGold?

FUNDING APPLICATION DETAILS

21. Monetary amount funding application is for? *Please do not include GST in your amounts, unless it is provided on a quote.*
Note: two quotes will be required if funding request is over $500.

22. Explain what the funding is to be used for and when it will be used? Explain what difference this project/activity will make to your organisation? *Attach additional information if required.*

22a. Explain what outcomes your organisation is expecting from this funding? *Attach additional information if required.*

23. What is the total cost of the activity/project?

24. What is the total amount of funds your organisation has raised to-date?

25. Have you or the organisation, community/group or school applied for funds elsewhere? ☐ Yes ☐ No

If yes:

Organisation applied to:	Amount	Outcome (was funding given)
Organisation applied to:	Amount	Outcome (was funding given)
Organisation applied to:	Amount	Outcome (was funding given)

26. What is the shortfall?

27. How will you raise the present shortfall?

28. Does your organisation have reserve funds? ☐ Yes ☐ No

If yes, please explain why they cannot be used for this project/activity?

29. Has the organisation applied for funds from OceanaGold before? ☐ Yes ☐ No

Has the organisation been successful? ☐ Yes ☐ No

If yes, please fill in the details of the funds below:

Year:	Amount $	Activity/Project
Year:	Amount $	Activity/Project
Year:	Amount $	Activity/Project

30. If appropriate please provide any evidence of community need and support for the project/activity.

31. Does your organisation receive funds from local or central government? ☐ Yes ☐ No
If yes, please specify yearly amount received and how it is utilised.

32. Please attach present financial statement/balance of accounts.

33. If successful the donation will be paid into your organisation's bank account by direct debit. If we already have your bank account details, mark N/A.

Account Name:

Account Number: ☐☐ ☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

Attach a pre-printed deposit slip or a statement copy of the bank verified account number. If your funding application is successful a remittance slip confirming payment will be emailed to the address provided in 'your organisation's details'.

34. Please describe all sponsor opportunities e.g. event attendance, promotion of OceanaGold logo, speaking opportunities etc.

APPLICANT DECLARATION

- We confirm that this application has the formal approval of our controlling Board/Committee
- To the best of our knowledge the information provided in this application is true and correct
- We accept that details of any donation that the OceanaGold makes may be made public
- We acknowledge that any decision made by the OceanaGold is final
- We accept that our organisation, community/group or school will be accountable for any donation made, which will be used for the purposes specified in the application or as directed by OceanaGold
- We acknowledge and agree that any photography/videography requested by OceanaGold in connection with a donation may be used by internally and corporately by OceanaGold, or with public reporting on its company donation activities.

For and on behalf of the organisation:

Name:

Position:

Signature:

Date:

CHECKLIST

Before sending in your application, please check that you have:

☐ YES	Answered all the questions
☐ YES	Included a pre-printed deposit slip or copy of the bank verified account
☐ YES	Completed the applicant's declaration with two signatures
☐ YES	Included a copy of Charities Commission Certificate (if applicable)
☐ YES	Included your latest financial balance sheet or annual balance sheet.
☐ YES	Included a copy of your Trust Deed (if applicable)
☐ YES	Included your full project budget for this funding application
☐ YES	Included any other additional and/or letters of support

* Neighbouring community areas are defined as: Middlemarch, Hyde, Macraes, Dunback, Palmerston, Waikouaiti and Karitane. Exemptions will be considered for requests from Hampden, Warrington and Waitati.

OceanaGold Office Use Only

Date Application Received: *Date Funding Committee Meeting Held:*

Application Accepted / Rejected *Funding Amount: $* *GST: Yes / No*

Purchase Directly: Yes / No *Date Applicate Advised:*

Date Payment Account Lodged: