DECLARATION OF CONSENT FOR FOUR WINDS GRANT APPLICATION



Important – This MUST be completed and signed by two Authorised persons

We understand that the funds can only be used for the purpose stated and that any funds not used in this manner will be returned to the Foundation. We agree to provide any required information regarding the grant to the Foundation on request including the provision of receipts or other proof of how the funds were used.

We agree to comply with requests from an officer of the Department of Internal Affairs for additional information in relation to how the monies received by the society from the operation of gaming machines have been spent.

We also agree that an officer of the Department of Internal Affairs or an appointee of Four Winds Foundation Limited may direct an audit or inspection of the books, accounts, or data systems in which the proceeds of the operation of the gaming machines received by this society have been deposited. This may be conducted by:

- i) a Chartered Accountant in public practice, or
- ii) an officer of the Department of Internal Affairs, or
- iii) an agent of Four Winds Foundation Ltd.

We agree that the audit or inspection will be carried out in a manner approved by the Department of Internal Affairs, within any timeframe specified by the Department of Internal Affairs.

Audit and Inspection

- If there is a change in circumstances of costs, Four Winds Foundation Ltd must be notified in writing.
- In the event that:
 - Adequate audit documentation for a grant cannot be obtained or,
 - Actual costs are less than those indicated in the application or,
 - Funds are spent for other than the approved Authorised Purpose or,
 - There is any other irregularity in the grant process or,
 - The applicant has received funding from another source for the same purpose, then Four Winds Foundation Ltd is required to obtain a refund of the grant.
- Failure to provide audit documents will require grant money to be refunded.

We hereby consent to the above audit conditions and certify that the information included in the application together with any supporting details, is true and correct.

We certify that we have the authority to make this application on behalf of the applicant.

Name:	Position:
Signature:	Date:
Name:	Position:
Signature:	Date: