

## **ANDOVER HUSKIES YOUTH HOCKEY ASSOCIATION APPLICATION FOR CHARITABLE GAMBLING FUNDS**

**PURPOSE STATEMENT:** The Andover Huskies Youth Hockey Association (AHYHA) Charitable Gambling Committee exists to present recommendations to the AHYHA Board of Directors on the lawful and effective use of proceeds from AHYHA charitable gambling operations. All recommendations made will further, directly or indirectly, the purpose of AHYHA or will benefit the Andover community and its residents.

**WHO MAY APPLY:** Applicant organizations must be classified as a not-for-profit organization. Applicants must serve the Andover community with activities that support youth, senior citizens, recreation, arts and community benefit. The AHYHA Gambling Committee will not consider funds or loans to individuals or any group excluded by the State of Minnesota for distribution of funds.

**APPLICATION DEADLINES:** There are four application deadlines in a calendar year when applications may be submitted. Deadlines are: February 1, May 1, August 1 and November 1 of each calendar year.

**APPLICATION SUBMISSION:** All applications must be submitted in writing to: AHYHA Charitable Gambling Committee, 2339 Station Parkway, Andover, MN 55304

### **CONDITIONS OF FUNDING:**

- Applications must meet the distribution criteria as defined by the State of Minnesota's Lawful Purpose Expenditures (LPE).
- Applications need to be within one of the following generic donation distribution groups:
  - A community/welfare group/organization
  - Education (including pre-school, kindergarten, playgroups, etc.)
  - Public safety
  - Health and health related purposes
  - Youth
  - Sport recreation, leisure
- Generally funds paid shall be used to provide some enduring or demonstrable community benefit. Examples include athletic equipment, youth facilities, community events, and community or sports program development projects.
- Applications will not be considered where the applicant operates their own charitable gambling program.
- All funds must be used for the purpose approved within three months of the funds being granted (or any later date agreed by the AHYHA Gambling Committee in writing).

- Applications must be for the benefit of the applicant organization (not another organization, i.e., for no third party)
- Copies of invoices, receipts and/or bank statements must be provided to the AHYHA Gambling Committee within three months of the funds being distributed and received to verify that the funds have been used in accordance with the purpose approved.
- Any funds that are not spent on the purpose approved must be returned to AHYHA within three months of the funds being distributed unless otherwise agreed upon in writing.

#### **WHAT HAPPENS IF MY APPLICATION IS....**

**Approved:** You will be notified in writing by the end of the month in which your grant was considered. Monies will be paid to your organization by check provided all criteria have been met. The AHYHA Gambling Committee considers applications four times during the calendar year, generally in February, May, August, and November.

If your application is successful, you may wish to acknowledge AHYHA's support. For example: recognition in newsletter, website or magazine, placement of logo on equipment and/or signage, etc.) AHYHA will provide any information needed upon request.

**Declined:** You will be notified in writing by the end of the month in which your application was considered. Your application form with all information provided will be returned to you.

**ANDOVER HUSKIES YOUTH HOCKEY ASSOCIATION  
CHARITABLE GAMBLING FUNDS APPLICATION FORM**

Name of Applying Organization: \_\_\_\_\_

Purpose of Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your Organization a 501(c)?       Yes       No  
(If yes, please attach supporting documentation verifying 501(c) status.)

Address (Street Address, City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

Main Contact Person: \_\_\_\_\_

Position with Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Amount Being Requested: \_\_\_\_\_

Date Funds Are Required: \_\_\_\_\_



## CONSENT TO REVIEW

We agree to comply with any request from an AHYHA representative for additional information in relation to how contributions received by AHYHA have been spent.

We agree that AHYHA may review or inspect the books, accounts or data systems in which the proceeds of the charitable contribution have been received and deposited by this organization.

We agree that, in the event the funds are not used in a manner that complies with the conditions of this application, the funds shall be returned in full to AHYHA within 7 days notice. If the funds are not returned in full within 7 days, AHYHA will be reimbursed for all costs associated with recovering the funds.

We the undersigned, declare that:

- The information provided in this application form is true and correct to the best of our knowledge.
- We have the authority to make this application on behalf of the applicant (if the applicant is not a natural person).

Signed by a Representative of the Applicant: \_\_\_\_\_

Date: \_\_\_\_\_