

Community Grant

APPLICATION FORM



Member ID

PLEASE NOTE: You must be registered with Te Mana o Ngāti Rangitihī Trust to apply for this grant. Please contact the office for further details on +64 7 322 2452.

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Please Read

1. Community Grants support programmes or events that focus on community participation. Applicants funded within this category will receive a one-off contribution for an event servicing the Ngāti Rangitihī community.
2. Incomplete applications will not be considered and will be returned to the postal address stated on the application.
3. Applications need to be submitted before the commencement of the initiative you are applying for a grant for.
4. The values of each grant will be determined by a number of factors, including the funding available and the purpose of the application.
5. Te Mana o Ngāti Rangitihī Charitable Trust has the sole discretion to accept or decline an application. Its decision is final and no correspondence will be entered into.
6. Te Mana o Ngāti Rangitihī Charitable Trust reserves the right to use a successful applicant's name and other details for publicity and promotion purposes.
7. Priority will be given to new applicants to assist the Charitable Trust in distributing funding widely.
8. You are required to complete a report within three months following the completion of the funded initiative.
9. In the event that the fund is oversubscribed, monies will be allocated according to priorities determined by the Charitable Trust.
10. Funding granted can only be used for the purpose for which it was granted.

PLEASE COMPLETE ALL FIELDS

Personal Details

Applicant's Full Name			
Date of Birth		Phone Number	
Postal Address			
Email	Receive notifications by email (CIRCLE ONE): Y / N		

Initiative Details

What is the name of the initiative?			
What is the main activity of the initiative?			
When does the initiative start and end?	Start Date:		End Date:
Where will the initiative mainly take place?			
What is the purpose of your initiative?			
What activities will the funding be used for?			
How will your initiative benefit Ngāti Rangitihī? <small>Please describe the expected benefits, who will benefit, and approximately how many Ngāti Rangitihī people will benefit?</small>			
How will you measure the success of your initiative?			
What is the total cost of what you are applying for?			

Please turn over

<p>Have you applied to any other organisation for funding for the SAME purpose?</p> <p>If so, please provide details: Name of funding organisation, date applied, amount requested, purpose and outcome.</p>	
<p>Cost breakdown – Please show summary of the full costs of the activity.</p>	

NOTE: As well as providing a report, photos from the event will be required.

Bank Account Details

Name of Bank		Name of Account	
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Bank Account Number

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PLEASE ATTACH A VERIFIED COPY OF THE BANK ACCOUNT

Declaration

I declare that the information given in this application is true and correct. If my application is successful I will comply with all the terms and conditions of the grant.

I agree to provide a report within three (3) months following completion of funded initiative. I acknowledge that failure to do so may result in future applications being declined.

Pursuant to the Privacy Act 1993, I give consent for my application to be shared with Te Mana o Ngāti Rangitihi Trust for the purpose of updating contact information.

I agree that Te Mana o Ngāti Rangitihi Trust and/or Charitable Trust may profile and publicise the initiative on their website, newsletters and reports where they see fit.

Applicant's Full Name			
Signature of Applicant or Parent/Caregiver* <i>(*if under 18 or disabled/impaired)</i>		Date	
<p>If signing on behalf, please state your relationship to the applicant (CIRCLE ONE) Parent / Grandparent / Other (If Other please specify):</p>			

Please turn over

Checklist

- Registration details checked and verified.
- Application completed in full and declaration signed.
- ATTACH the following:
 - Bank account verification slip
 - Summary of costs

PLEASE DO NOT SUBMIT THE APPLICATION UNLESS ALL FIELDS ARE COMPLETED AND ALL INFORMATION IS ATTACHED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

What happens next

IF APPROVED: You will be notified in writing or by email. Monies will be paid into the nominated bank account by direct credit.


IF DECLINED: You will be notified in writing or by email.

TE MANA O NGĀTI RANGITIHI TRUST IS NOT RESPONSIBLE FOR APPLICATIONS LOST IN THE POST.

Office Address: 35 Heale Street, Matatā

Postal Address: Te Mana o Ngāti Rangitihī Trust, 35 Heale Street, Matatā, RD4, Whakatāne, 3194

Freefone: 0800 AKATEA or 0800 252 832 **Phone:** 07 322 2452 **Email:** info@ngatirangitihī.iwi.nz

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