Sports Grant APPLICATION FORM



Member ID

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

Please Read

- Sports grants recognise members of Ngāti Rangitihi who are participiating in <u>representative</u> sports.
- The values of each grant will be determined by a number of factors, including the funding available, the purpose of the application, and the benchmarks in place for the Sports category.
- Applications need to be submitted before the commencement of the initiative you are applying for a grant for.
- 4. Only one application per calendar year per individual/team can be submitted.
- 5. Priority may be given to new applicants to assist the Charitable Trust in distributing funding widely.
- 6. In the event that the fund is oversubscribed, monies will be allocated according to priorities determined by the Charitable Trust
- 7. Funding granted can only be used for the purpose for which it was granted.
- 8. Incomplete applications will not be considered and will be returned to the postal address stated on the application.

- You are required to complete a report within three months following the completion of funded initiative. This must show the results achieved, and report how the funding was used. The individual/ team will comply with any reasonable request from Te Mana o Ngāti Rangitihi Charitable Trust to monitor performance and accountability.
- 10. Te Mana o Ngāti Rangitihi Charitable Trust has the sole discretion to accept or decline any application.

BENCHMARKS

National Individual <\$350 National Team <\$500 International Individual <\$500 International Team \$<1,000

Note: At least 2/3 of team members must be registered with Te Mana o Ngāti Rangitihi Trust.

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

Sport Details

Name of Sporting Initiative					
Address					
Phone Number					
Start & Finish Date					
Sport Category: (CIRCLE ONE) National Individual / National Team / International Individual / International Team					
Did you receive a grant from us last year? (CIRCLE ONE) Yes / No					
If you are submitting an application for a team, please provise the names of all the team members					

Please turn over

Bank Account Details										
Name of Bank	e of Bank			Name of Account						
Bank Account Number										
-	_					-				
PLEASE ATTACH A VERIFIED COPY OF	THE BAN	IK ACCOUNT								
Declaration										
I declare that the information given in this applic conditions of the grant.	cation is true	e and correct. If my app	lication is	success	ful I will cor	nply with	ı all the	terms a	and	
I agree to provide a report with three months fol future applications being declined.	lowing the c	ompletion of funded in	iitiative. I a	acknowl	edge that fa	ailure to o	do so ma	ay resul	lt in	
I agree that Te Mana o Ngãti Rangitihi Trust and/reports where they see fit.	or Charitabl	e Trust may profile and	publicise	the initi	ative on the	eir websit	e, news	letters	and	
Pursuant to the Privacy Act 1993, I give consent contact information.	for my applic	cation to be shared with	h Te Mana	o Ngāti	Rangitihi Tr	ust for th	ie purpo	se of u	pdating	
Applicant's Full Name										
Signature of Applicant or Parent/Caregiver* (*if under 18 or disabled/impaired)				Date						
If signing on behalf, please state your relations		pplicant (CIRCLE ONE)	'							
Parent / Grandparent / Other (If Other, please sp	ecify):									
Checklist										
Registration details checked and verified.										
Application completed in full and declara	tion signed.									
ATTACH the following: Copy of acceptance into representative Bank account verification slip	ve team or a	ctivity								
Summary of costs PLEASE DO NOT SUBMIT THE APPLICATION			COMPLE	TED AN	ID ALL IN	FORMA	TIONI	S ATT	ACHED.	
NCOMPLETE APPLICATIONS WILL NOT B	E CONSID	ERED.								
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 Rangitihi Trust, 35 Heale Street, Matatā, RD4, Whakatāne, 3194 Freefone: 0800 AKATEA or 0800 252 832 Phone: 07 322 2452 Email: info@ngatirangitihi.iwi.nz