

Sports Grant

APPLICATION FORM



REGISTRATION NUMBER

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

Please Read

1. Sports grants recognise members of Ngāti Rangitahi who are participating in representative sports.
2. 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.
3. Priority may be given to new applicants to assist the Charitable Trust in distributing funding widely.
4. In the event that the fund is oversubscribed, monies will be allocated according to priorities determined by the Charitable Trust
5. Funding granted can only be used for the purpose for which it was granted.
6. Incomplete applications will not be considered and will be returned to the postal address stated on the application.
7. 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 Rangitahi Charitable Trust to monitor performance and accountability.
8. Te Mana o Ngāti Rangitahi Charitable Trust has the sole discretion to accept or decline any application.

BENCHMARKS

National Individual <\$250

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 Rangitahi 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 provide the names of all the team members	

Please turn over

Note: If you are submitting an application for a team, please provide the names of all the team members here:

Bank Account Details

Name of Bank	<input type="text"/>	Name of Account	<input type="text"/>
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Bank Account Number

<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 with three months following the completion of funded initiative. I acknowledge that failure to do so may result in future applications being declined.

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

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

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

Checklist

<input type="checkbox"/> Registration details checked and verified.
<input type="checkbox"/> Application completed in full and declaration signed.
<input type="checkbox"/> ATTACH the following: <ul style="list-style-type: none"> • Copy of acceptance into representative team or activity • 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.
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TE MANA O NGĀTI RANGITIHI TRUST IS NOT RESPONSIBLE FOR APPLICATIONS LOST IN THE POST.

Office Address: 30 Arawa Street, Matatā

Postal Address: Te Mana o Ngāti Rangitahi Trust PO Box 831, Whakatane, 3158, New Zealand

Freephone: 0800 AKATEA or 0800 252 832 **Phone:** 07 322 2452 **Fax:** 07 322 2453 **Email:** info@ngatirangitahi.iwi.nz

 facebook.com/NgatiRangitahi

www.ngatirangitahi.iwi.nz