



The Proprietors of
Ngāti Whakaue Tribal Lands



DISCRETIONARY GRANT APPLICATION FORM

APPLICANT DETAILS:		
Name of Applicant/Contact person:	_____	_____
	Surname (Ingoa)	First Name (Ingoa)
Address of applicant:	_____	
		Post Code:
Home Phone:	Mobile:	E-mail:
Is this application for an individual or a group/organization?	YES	NO
How much have you raised from other sources or are able to contribute from your own resources?		

NGĀTI WHAKAUE TRIBAL LANDS SHAREHOLDER DETAILS:		
Name of Shareholder: <small>(the owner of the shares)</small>	_____	_____
	Surname (Ingoa)	First Name(s) (Ingoa)
Share Register ID No:	_____	
NGĀTI WHAKAUE TRIBAL LANDS WHANAU TRUST DETAILS (If you are a beneficiary of a Whanau Trust).		
Name of Whanau Trust: <small>(only if shares are held in a Whanau Trust)</small>		
Share Register ID No:	_____	
Signed by Applicant:	_____	
	<small>(By signing this application form, you confirm that you are a beneficiary of the Whanau Trust)</small>	
Signed by Trustee of Whanau Trust:	_____	
	Name of Trustee of Whanau Trust	Signature
Which koromatua do you whakapapa to? Please circle. <u>Six koromatua of Ngati Whakaue</u>		
Hurunga te Rangi / Pukaki / Rangi I Waho / Taeotu / Te Roro o te Rangi / Tunohopu		
Whakapapa:	_____	_____
	Great Grandfather (Koroua Tuarua)	Great Grandmother (Kuia Tuarua)
	_____	_____
	Grandfather (Koroua)	Grandmother (Kuia)
	_____	_____
	Father (Matua)	Mother (Whaea)

ORGANIZATION DETAILS: (if applying for an organization)	
Name of organization:	
Postal Address:	
	Post Code:
Physical Address:	
	Post Code:
Minutes:	(attach a copy of the Minute resolving that an application be made for the purpose stated, signed by the Chairman of the organization)

PURPOSE AND FINANCIAL DETAILS:	
Amount requested:	Bank Account No: (attach verified bank deposit slip)
Purpose for which financial assistance is required:	
Other supporting documentation:	(attach)
Financial Accounts/Budget:	(attach supporting documentation applicable to your application)
Other organizations applied to for assistance:	
Will this activity, event, purpose be held in New Zealand? YES NO	
I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:	
Signed by Applicant:	Dated:
Name of Chair of organization:	
Signed by Chair of organization:	Dated:

IMPORTANT: Please read and complete CHECKLIST below

Grant Policy and Criteria:

1. Grants will be considered on a case by case basis.
2. Payments will be made within the month following authorization for payment by the Incorporation.
3. Large grants – any recipient of large grants (more than \$2000) is expected to report back on the use of funds.
4. Submission of an application is acceptance and acknowledgement that the information provided will be shared with Pukeroa Oruawhata Trust
5. Discretionary Grants – These Grants are for requests that specifically align to Ngāti Whakaue Kaupapa and enables NWTL to lift its profile in the community. **Please note: The Incorporation does not give Grants for Birthdays, Sports or Education.**

Checklist - Remember – you MUST complete *and/or* attach to this application:

- Bank account number – deposit slip or verified bank account number
- Copy of the Minute resolving that an application be made (*if an organisation/legal entity*)
- Financial accounts (Audited or prepared by Chartered Accountant)
- Other supporting documentation – quotes, invoices etc
- Signed by applicant and/or Chair if applicable

Please forward your application to:

Pukeroa Oruawhata House, 1/1176 Amohau Street, PO Box 12015, ROTORUA 3045 or admin@ngatiwhakaue.iwi.nz

Ph: 07 348 8887 | www.ngatiwhakaue.iwi.nz