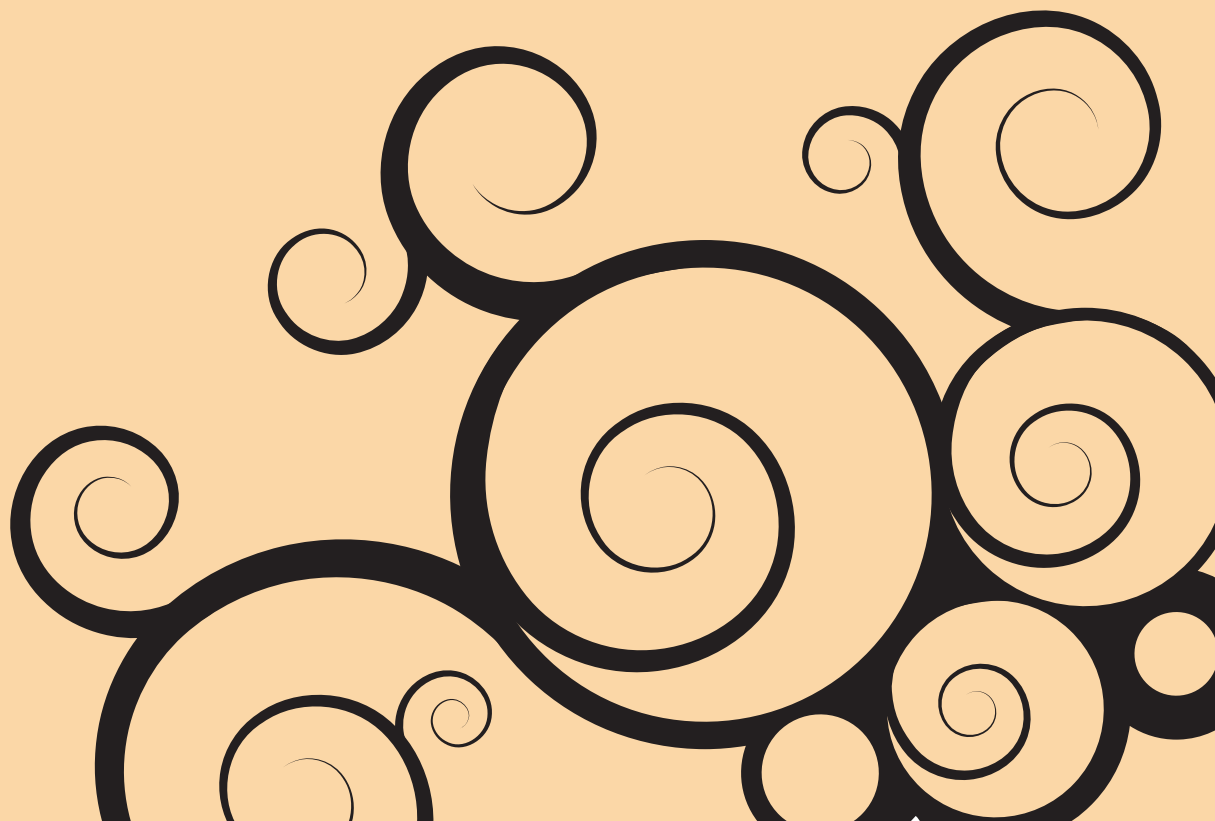




TRIBAL WAANANGA GRANT



TRIBAL WAANANGA GRANT

1. All registered tribal members are entitled to apply for a Tribal Waananga Grant as individuals, or on behalf of their Marae/group/organisation. The proposed initiative or activity must benefit members of one or more of the 67 registered Waikato-Tainui Raupatu Marae.
2. Applications will be considered for initiatives or activities that promote, preserve, advance and maintain the traditional culture of Waikato-Tainui.
3. Only one grant will be paid per individual or group/organisation within a financial year. A financial year is from 1 April to 31 March.
4. Applications are considered monthly and close on the second Friday of the month.
5. Where an application is made on behalf of a group/organisation, at least 50% of the group/organisation must be registered tribal members. To verify tribal registration, the full names and birth dates of the persons benefiting from the grant, must be supplied in support of the application. Note: This criteria does not apply to applications made on behalf of Waikato-Tainui Raupatu Marae.
6. Applications received from a cluster or group of Waikato-Tainui Raupatu Marae will be given priority.
7. Full details of the event, expected outcomes, date(s), venue and a full budget must be supplied in support of the application.
8. Sole discretion to accept or decline an application that does not meet the criteria, rests with the Waikato Raupatu Lands Trust. Decisions are final and no correspondence will be entered into.
9. Pursuant to the Privacy Act 1993, signing and submitting this application authorises the Waikato Raupatu Lands Trust to record, hold and publish names of grant recipients. Grant details may also be used for publicity and promotion purposes, and successful applicants may be contacted for evaluation and review.
10. Where appropriate, successful applicants are asked to acknowledge the Waikato Raupatu Lands Trust as a sponsor.
11. On request, successful applicants must complete an accountability statement to verify that the funding was expended for the purpose it was provided. Copies of invoices/receipts must be included with an accountability statement.

APPLICANT'S DETAILS

APPLICANT'S FULL NAME _____

FULL ADDRESS _____

PHONE NUMBER/S _____

HOME

MOBILE

OTHER

EMAIL ADDRESS _____

MARAE _____

HAPUU _____

BANK DETAILS Name of Bank _____

Name of Account Holder _____

YOU MUST ATTACH A VERIFIED BANK DEPOSIT SLIP

NAME OF MARAE/GROUP/ORGANISATION _____

VENUE _____

DATE _____

KAUPAPA/PURPOSE OF APPLICATION

WHO WILL BENEFIT FROM THE INITIATIVE/ACTIVITY

(if applying on behalf of a group/organisation other than a Marae, please attach a list with the FULL NAMES and BIRTH DATES of all persons to benefit from the grant.

PLEASE ATTACH A FULL ITEMISED BUDGET OUTLINING THE FINANCIAL REQUIREMENTS OF THE INITIATIVE/ACTIVITY.

PLEASE ATTACH ADDITIONAL INFORMATION THAT MAY SUPPORT YOUR APPLICATION.

WHAT HAPPENS IF THE APPLICATION IS...

Approved: You will be notified in writing by the end of the month in which your application has been considered. Monies will be paid into your bank account by automatic payment.

Declined: You will be notified in writing by the end of the month in which your application has been considered, with reasons why the application has been declined.

DECLARATION

I certify that the information supplied with this application is true and correct, and that the grant will be used for the purposes specified. If my/our application is successful, I will comply with all terms and conditions of the grant.

Name:.....

Signature:.....Date.....

If this application is made on behalf of a group, please state your position:

APPLICATIONS MUST BE RECEIVED AT THE FOLLOWING ADDRESS BY 5 PM ON THE CLOSING DATE:

GRANTS PROCESSING
WAIKATO RAUPATU LANDS TRUST
PRIVATE BAG 542
NGAARUAWAAHIA 3742
FREE PHONE 0800 TAINUI (824 684)
WWW.TAINUI.CO.NZ



OFFICE USE ONLY

| | |
|-----------------------------|-------|
| Tribal Register No. | _____ |
| Grant awarded | _____ |
| Data input completed | _____ |
| Date of Notification Letter | _____ |
| Date of payment schedule | _____ |