

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 Trust.
3. Any recipient of grants awarded over \$10,000, are required to furnish a report to the Trust on the use of the funds granted.
4. Submission of an application is acceptance and acknowledgement that the information provided will be shared with Ngati Whakaue Tribal Lands Incorporation.

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
- 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: