PUKEROA ORUAWHATA CHARITABLE TRUST

(REGISTERED AS A CHARITABLE ENTITY UNDER THE CHARITIES ACT 2005 – NO. CC 54811)

Application for a DISCRETIONARY GRANT

NOTE: The Trust does not provide grants for the following;

- **Transport costs, Wananga, Education, Sport – (individual/group/event)**

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?		
PUKEROA ORUAWHATA SHAREHOLDER or DESCENDANT OF SHAREHOLDER DETAILS:		
Name of Shareholder: (the owner of the shares)	_____ Surname (Ingoa)	_____ First Name(s) (Ingoa)
Share Register ID No:		
PUKEROA ORUAWHATA WHANAU TRUST SHAREHOLDER DETAILS: (If you are a beneficiary of a Whanau Trust).		
Name of Whanau Trust: (only if shares are held in a Whanau Trust)		
Share Register ID No:		
Signed by Applicant:	_____ (By signing this application form, you confirm that you are a beneficiary of the Whanau Trust)	
Signed by Trustee of Whanau Trust:	_____ Name of Trustee of Whanau Trust	_____ Signature
NON PUKEROA ORUAWHATA TRUST SHAREHOLDERS ONLY:		
Which koromatua do you whakapapa to? Please circle. Six koromatua of Ngati Whakaue Hurunga te Rangi / Pukaki / Rangi I Waho / Taeotu / Te Roro o te Rangi / Tunohopu		
Whakapapa:	_____ Great Grandfather (Koroua Tuarua) _____ Grandfather (Koroua) _____ Father (Matua	_____ Great Grandmother (Kuia Tuarua) _____ Grandmother (Kuia) _____ 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 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 Ngāti 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 (*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 Charitable Trust. PO Box 12031 · ROTORUA 3045 · Level 1 · Pukeroa Oruawhata House · 1176 Amohau Street · ROTORUA Email: grants@pukeroa.co.nz www.pukeroa.co.nz