TAHUA AHUREA

APPLICATION FORM

A collaboration between Ngāti Whakaue Tribal Lands, (NWTL), Pukeroa Oruawhata Trust (POCT), Ngāti Whakaue Assets Trust (NWAT), Te Taumata o Ngāti Whakaue (TToNW), Ngāti Whakaue Education Endowment Trust (NWEET)

NOTE: Applications must be received well in advance of the planned activity as meetings are held as required and grant payments are made 20th of the month following the decision

PURPOSE & OBJECTIVES:

To support initiatives that uphold and promote cultural practices and values of Ngāti Whakaue, including participation especially amongst Rangatahi; as well as to support the meeting of cultural responsibilities of Ngāti Whakaue kōeke and paepae.

ELIGIBILITY CRITERIA:

- The application **must** align with the purpose and objectives above
- Must be for a collective benefit – groups or collectives ***(not an individual)***
- The applicant **must** disclose any other funding received or applied for from other organizations for the same quote or invoice
- The applicant **must** confirm that you ***do not intend to*** or ***have applied*** to other Ngāti Whakaue entities listed above for the same purpose.

WHAT WILL NOT BE FUNDED:

- Capital costs for Marae and wāhi tapu / tupuna
- Sport, health, education, housing, financial literacy
- Activities held outside NZ
- Activities already held

WHAT MAY BE FUNDED: *(considered on a case by case and first come basis)*

- Paepae participation
- Core Cultural kaupapa – (kapa haka, wānanga (reo, taiao, mahina kai, mahi toi, whakapapa, mātauranga)
- Rangi Whakahirahira – Ngāti Whakaue led/focused events such as (but not limited to, Kōeke kaitahi, Rangatahi led kaupapa, Centenary Celebrations, Waitangi Day, Matariki, Whakanuia)

APPLICANT DETAILS:

Name of Applicant/Contact person: ***(on behalf of the group/organisation)***	_____ First Name (Ingoa)	_____ Surname (Ingoa)
Address of applicant:		
Purpose for which funding is required: e.g. wananga, kapa haka etc.	Mobile:	E-mail:

ORGANIZATION / GROUP DETAILS:

Name of organization: (***You are applying on behalf of)***	
How much has been raised from other sources or is able to be contributed from **the group's** resources?	
Postal Address:	

PURPOSE & KAUPAPA ALIGNMENT:			
Ngāti Whakaue kaupapa & Purpose: You **must** describe how the activity will promote and uphold the core cultural practices of Ngāti Whakaue. (*attach separately)*			
FINANCIAL DETAILS:			
Amount requested:		**Bank Account No:** *(attach bank deposit slip in the name of the organization/group)*	
Financial documentation:	*(attach quotes, invoices separately)*		
Financial Accounts/Budget:	*(attach separately)*		
Other organizations applied to for assistance:			
Whakapapa to Ngāti Whakaue:	*The organization and majority of participants in the activity are Ngāti Whakaue. Note: participant names may be requested.*	YES	NO
I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:			
I confirm that **NO** application/s **have been made** to <u>or</u> **will be made** to the Ngāti Whakaue entities listed above for the same purpose.		Signed:	
Signed by Applicant:		Dated:	
Name of Chair/Head of organization:			
Signed by Chair/Head of organization:		Dated:	

<u>IMPORTANT</u>: 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 the month after a decision is made. Ensure applications are submitted well in advance of funding being required.
3. Recipients of grants are required to furnish a report to the Trust on the use of the funds received.
4. Submission of an application is acceptance and acknowledgement that the information provided will be shared with the Tahua Ahurea Collective organisations and if successful, be shared publicly via Ngāti Whakaue social media channels or each organisations' Annual Reports.

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

- ☐ Bank account number – deposit slip or verified bank account number
- ☐ Financial accounts/Budget
- ☐ Other supporting documentation – quotes, invoices, whakapapa, purpose, NW kaupapa alignment, etc
- ☐ Signed by applicant and/or Chair if applicable

<u>Please forward your application to</u>:

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