

GRANTS INFORMATION 2022

The purpose of these grants is to distribute resources to support the health and wellbeing of Ngāti Whare Iwi to preserve our identity and way of life.

Applications can be made on request by contacting
Te Runanga o Ngāti Whare Office 07 3665 690 & Te Puawai o Ngāti Whare 07 3663 900

CRITERIA:

1. Applicants must be registered iwi members with Te Runanga O Ngāti Whare
2. All applications are due on the 2nd Monday of each month
3. Applications that arrive after the above timeframe will be carried forward to the following board meeting for consideration
4. Applicants will be sent a letter, acknowledging receipt of their application within 2 weeks
5. Trustees approve successful applicants at monthly board meetings
6. Applicants will be sent a letter informing them of the decision within 2 weeks
7. No further applications will be considered once all funds have been distributed

“KO WHAREPAKAU TE TANGATA”

Grant Distribution Categories:

1. **Kuia / Koroua Hauora**
2. **Matauranga**
3. **Discretionary**
4. **Marae**
5. **Marae Insurance Fund**

KUIA/KOROUA HAUORA GRANT

(Up to \$20,000.00 to be distributed per year)

This annual grant has been developed to contribute to the overall health and wellbeing of our Ngati Whare kuia and koroua.

CRITERIA:

- Must be a registered member of Ngāti Whare
- Must be 60 years of age and over
- Needs to be for health-related reasons
- This grant is paid to the health provider, service, or applicant

A maximum of \$200.00 can be applied for by each Ngāti Whare registered member that meets the criteria. A quote, invoice or receipt is to be attached to the application.

REPORTING BACK:

- Internal Process

TIMEFRAME FOR DISTRIBUTION:

- 1st July to 30th June each year
(no further applications will be considered once all funds have been distributed)

Send to: Te Runanga o Ngāti Whare 1188 Main Road Murupara 3079. Phone: 07 3665 690
Email: admin@ngatiwhare.iwi.nz or download the form from www.ngatiwhare.iwi.nz

MATAURANGA GRANT

(Up to \$20,000.00 to be distributed per year)

This contestable fund has been developed to support the educational pursuits of Ngāti Whare mokopuna (grandchildren), tamariki (children), taiohi (youth), pakeke taitamariki (young adults)

CRITERIA:

- Pre-school to 24 years
- Formally enrolled in or attending a recognised education institute, Kohanga Reo, Early Childhood Centre or Kindergarten
- Formally enrolled with or attending a recognised Ngāti Whare learning provider
- Must be a registered member of Ngāti Whare

A maximum of \$100.00 can be applied for by each Ngāti Whare registered member that meets this criteria. A quote, invoice or receipt is to be attached to the application.

REPORTING BACK:

- Internal process

TIME FRAME FOR DISTRIBUTION:

- 1st July to 30th June each year
(no further applications will be considered once all funds have been distributed)

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DISCRETIONARY GRANT

(Up to \$5,000.00 to be distributed per year)

This contestable fund has been developed to support activities that fall outside the other distribution grants. It allows individuals/groups to access funding for initiatives that align with Te Puawai objectives.

Te Puawai O Ngāti Whare Charitable Trust purpose includes:

- Educational, spiritual, economic, social, and cultural advancement and wellbeing.
- Health and wellbeing of mentally, and physically unwell and disabled members
- Business, commercial, and vocational training of Ngāti Whare members; and
- Sustainability of cultural and spiritually significant Ngāti Whare places.

CRITERIA:

- Must be a registered Ngāti Whare Iwi member.
- A quote, invoice or receipt is to be attached to the application.

REPORTING BACK:

- Internal process

TIME FRAME FOR DISTRIBUTION:

- 1st July to 30th June each year
(No further applications will be considered once all funds have been distributed)

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MARAE FUND

(Up to \$5,000.00 to be distributed per year)

This annual fund has been developed to assist Ngāti Whare Marae with operating costs.

CRITERIA:

- Minutes of Marae Hui
- Project Budget
- Financial Statements (12 months)

REPORTING BACK:

- Show how money was spent

TIMEFRAME FOR DISTRIBUTION:

- 1st July to 30th June each year
(No further applications will be considered once all funds have been distributed)

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MARAE INSURANCE FUND

(Funds available subject to Mataatua Quota Ace distributions)

This fund has been developed to contribute towards the insurance for Ngāti Whare Marae.

CRITERIA:

- Any further grants are subject to an annual review
- A quote, invoice or receipt is to be attached to the application.
- No further applications will be considered once all funds have been distributed.

Send to: Te Runanga o Ngāti Whare 1188 Main Road Murupara 3079. Phone: 07 3665 690
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APPLICATION FORM

SECTION 1: REGISTERED APPLICANT DETAILS

SURNAME: _____

FIRST NAME/S: _____

DATE OF BIRTH: _____

NAME OF ROOPU/GROUP (if applicable):

GENDER: MALE FEMALE (Circle one)

SECTION 2: CONTACT DETAILS

POSTAL ADDRESS: _____

SUBURB / TOWN: _____

CITY: _____

PHONE (DAY): _____ MOBILE _____

EMAIL: _____

SECTION 3: PAYMENT OF GRANT

Cheques will not be issued. Grants will be paid by direct credit into the nominated bank account, or where applicable to the provider of the service you are seeking assistance from; and / or upon receipt of an invoice or quote.

BANK ACCOUNT NAME: _____

NZ BANK ACCOUNT NUMBER - - - - -

A verified deposit advice slip must be attached to confirm the above bank account name and number.

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TICK THE APPROPRIATE BOX FOR THE GRANT/S BEING APPLIED FOR:

- KUIA/KOROUA HAUORA GRANT
- MATAURANGA GRANT
- DISCRETIONARY GRANT
- MARAE GRANT
- MARAE INSURANCE FUND

NOTE: Your application will not be considered unless it is received on time, fully completed, signed by the applicant, and is accompanied by all required supporting documentation.

DECLARATION

I hereby declare that:

The information contained in this application form is true and correct.

Signature _____ Dated this _____ day of _____ year _____
(Day) (Month) (Year)

(Nb. A Parent or Guardian must sign this application on behalf of persons 17 years and under)

OFFICE USE ONLY:

Date Received & letter sent: ____/____/____ Membership ID: _____

Applicants Name: _____ Surname: _____

Staff Initials/Signed: _____

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