

All registered members can apply for grants, and check progress and balances online.  
For queries, please email grants@tpow.co.nz or contact our office on 07 378 5180.

MEMBER ID

# SPORTING REPRESENTATION GRANT

TE PAE O

WAIMIHIA



## TERMS AND CONDITIONS

- The Te Pae o Waimihia Sporting Representation Grant has been established to support Te Pae o Waimihia members through the subsidisation of sporting related expenses.*
- The 'applicant' must be a registered member (or if under the age of 18 be listed as a child of a registered member) in the Te Pae o Waimihia database, with verified whakapapa to at least one of the following hapū:*
  - Ngāti Rauhoto
  - Ngāti Te Urunga
  - Ngāti Hineure
  - Ngāti Hinerau
  - Ngāti Tutetawha
  - Ngāti Tutemohuta
- The applicant must reside in New Zealand.*
- The applicant must provide confirmation of representation from the respective provincial or national association, and evidence of the sporting competition.*
- The value of the grant will be up to \$300 per sporting code, per calendar year to contribute towards the following items:*
  - Sporting fees and subscriptions.
  - Sporting equipment and uniforms.
  - Travel expenses.
- Grant applications will be processed monthly from February to November. Successful applications received by the 10th of the processing month will be paid at the end of that month.*
- The grant will be provided by way of a reimbursement to the applicant, or a payment of invoice to the sporting provider.*
- For grants paid to the applicant (as reimbursement), a copy of the paid account / receipt along with the member's verified bank account number is required.*
- For grants paid to the sporting provider, an invoice or quote along with a copy of the sporting provider's verified bank account number is required.*
- Applicants are eligible to submit multiple grant applications per calendar year until the maximum grant limit is reached.*
- The grant calendar year runs from 1st January 2024 until 31st December 2024.*

## PERSONAL DETAILS

Applicants full name	
Date of birth	Email
Full postal address	
Home phone	Mobile phone

## CONFIRMATION OF REPRESENTATION

Name of club / school / association
Address
Phone number

Please attach confirmation of representation AND evidence of sporting competition.

*It is not the responsibility of the Trust / Trust Office if applications are lost in the post.*

PLEASE TURN OVER

## PAYMENT DETAILS

For grants paid to the applicant (as reimbursement) (tick)

For grants paid to the sporting provider (tick)

PAYMENT RECIPIENT	ITEM	ITEM COST	AMOUNT SOUGHT
		\$	\$
		\$	\$
		\$	\$
TOTAL			\$

Total 'Amount Sought' cannot exceed \$300 (refer to Terms and Conditions 5).  
Attach all verified documentation (refer to Terms and Conditions 8 and 9).

## DECLARATION

- I declare that the information provided in this application is true and correct and if the application is successful, I will comply with all Terms and Conditions of this grant.
- I have read and understand all conditions and obligations as outlined in this application.
- Pursuant to the Privacy Act 1993, I give consent for Te Pae o Waimihia to share my contact information with associated trusts, companies and business partners for the purposes of updating information (including but not limited to, maintaining whakapapa records, iwi register, contact databases).
- I understand that my name may be published for publicity or reporting purposes.

Full name of applicant or parent / guardian

If under 18 years - please state your relationship to the applicant (*circle one*) Parent / Grandparent / Other:

Signature (\*or typed signature)  
of applicant or parent / guardian

Date

*\* By typing your name, you are electronically signing this application and must be the person stated above*

## CHECKLIST

- You are a registered member with Te Pae o Waimihia
- The application is completed in full and declaration signed
- You have supplied confirmation of representation, and evidence of the sporting competition
- For payment to the sporting provider, you have attached:
  - A copy of the quote / invoice
  - Provider's verified bank account details
- For payment by reimbursement, you have attached:
  - A copy of the paid receipt
  - Your verified bank account details

## WHAT HAPPENS TO YOUR APPLICATION?

IF APPROVED: You will be notified in writing and money will be paid into the nominated bank account.

IF DECLINED: You will be notified in writing.

IF INCOMPLETE: Your application will not be considered and you will be notified in writing.

OFFICE USE ONLY

Date received:

Member ID: Y / N

Application complete: Y / N

SRG0124v1.0

Date approved:

Authority:

Please return completed application to He Akina (Trust Office)

Email: grants@tpow.co.nz | Phone: +64 7 378 5180

Address: 88 Kaimanawa Street, Taupō 3330 | www.tepaeowaimihia.co.nz