

WAIRAKEI CHARITABLE TRUST PROJECT APPLICATION FORM

SUMMER FUNDING ROUND 1ST DECEMBER – 29TH FEBRUARY



Organisation Details

Organisation/roopu name			
Contact person		Designation	
Address			
Phone			
Email			
What is the legal entity of your organisation/roopu?	<input type="checkbox"/> Not a legal entity	<input type="checkbox"/> Māori Committee	<input type="checkbox"/> Ahu Whenua Trust
	<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Incorporated Society	<input type="checkbox"/> Māori Trust Board
	<input type="checkbox"/> Marae Entity	<input type="checkbox"/> Whānau Trust	<input type="checkbox"/> Other _____

Project Details

Project name	
Project purpose:	
Project location: <i>Please attach a map of area if possible.</i>	
How many members of your organisation/roopu will be involved in the project? <i>Please list names and roles</i>	- - - - -
Land ownership <i>It is the sole responsibility of the applicant to acquire any consents necessary to undertake works associated with this project, including council consent and permission from neighboring properties.</i>	Please provide details of land ownership where your project will occur. If your group is not the landowner you will need to provide written permission from the landowner.

Hapu involvement <i>How will hapu benefit from the project? How many are likely to benefit?</i>	The application requires a letter of support from the hapu. Content should confirm that there has been a marae / hapu hui and the project is strongly supported.
Long term maintenance of the project. <i>The long term maintenance of projects is important. Please describe how the outcomes of the project will be maintained for the benefit of future generations?</i>	
Have you applied to any other organisations for financial or in-kind assistance?	<input type="checkbox"/> Yes – please detail: - - - - <input type="checkbox"/> No
Is there any further information about your project that you wish to include with your application?	Please attach additional pages if required.

Project Plan and Budget
please attach additional pages where applicable

How long will it take to carry out your project?	<input type="checkbox"/> 0-6 Months <input type="checkbox"/> 7-12 Month <input type="checkbox"/> 1-3 Years <input type="checkbox"/> Other _____			
Start date:				
Expected timeframe:				
Key tasks to be completed	Cost(s) \$	Costs to be covered by:		
		Your Organisation	Other Organisations	WCT
•	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total for project	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total cost(s) of project GST inclusive	Your organisation/roopu contribution	\$
	Financial support from other organisations	\$
	Amount sought from WCT	\$
	Total Cost	\$

Financial Details

Funding will only be paid into an organisation/roopu recognised bank account.

Please attach a verified bank account statement or deposit slip. The method and timing of payments will be at the discretion of the Wairakei Charitable Trust. Please talk to He Akina about a schedule of payments (if applicable).

Checklist

Before submitting your application please check:

- That your application meets the grant funding criteria. If unsure please speak to the grants team at He Akina, or read the Wairakei Charitable Trust Funding Policy.
- That this application form is filled out in full, with all supporting documentation provided.
- That you have attached written support letters from the relevant committees including a copy of minutes that show a meeting resolution to support your wānanga.
- The detailed budget of costs associated with your wānanga has been provided.
- This application has been signed by two signatories with authority to apply on behalf of the organisation/roopu.

Please return all completed grant applications to He Akina (Trust Office). Also talk to our team at He Akina if you have any queries regarding the application requirements.

He Akina Limited
88 Kaimanawa Street, Taupo
Email grants@heakina.co.nz
Phone 07 378 5180

Declaration

Two people from your organisation must complete this section. By signing below, each signatory:

1. Agrees the information provided in this application is true and correct.
2. Acknowledges there is no guarantee that the organisation/roopu will be successful in receiving funding.
3. Gives permission for the Wairakei Charitable Trust to collect information about the organisation/roopu from any third parties in respect of this application.
4. Declares to have authority from the organisation/roopu to complete and submit this application.

Name: _____ Designation: _____

Signature: _____ Date: _____

Name: _____ Designation: _____

Signature: _____ Date: _____

Please ensure that all parts of the application form are completed and supporting documentation is attached.

Incomplete applications will not be considered.

Complete applications received after the closing date, will not be considered in this funding round.

CLOSING DATE: 4.30pm, 29th February 2024