



Kia tū ora ai a Ngāti Rangitahi i runga i tōna ake  
Rangatiratanga mō ake tonu atu

## IWI INITIATIVES GRANT APPLICATION FORM

**Before you start filling out this form.** Read the Iwi initiative funds guidelines to help you decide whether you are eligible for this grant.

You must complete all sections of this form.

Need more help? If you have any questions about this form, call the office on 07 322 2452.

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### OFFICE USE ONLY

Date received

Date acknowledged

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### SECTION A : CONTACT DETAILS

#### A1. Name

Full Name/s of applicant or individuals applying as a group

*(Additional applicants may be listed at the back of this application)*

#### A2. Address

Postal address

City/Town

Physical address *(if different from above)*

City/Town

3 Onewairere Place, PO Box 7. MATATĀ. New Zealand

ph: +64 7 3222 452 website: [www.ngatirangitahi.iwi.nz](http://www.ngatirangitahi.iwi.nz)



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**A3. Contact Details**

Phone number

Email address

Fax number

**A4. Who is your group's main contact for this application?**

First name

Last name

Position

Daytime phone number

Alternative phone number

Fax number

Email address

**A5. Who is your group's second contact for this application? (If applicable)**

First name

Last name

Position

Daytime phone number

Alternative phone number







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**C3. Please provide an outline of how this event/activity will have a significant impact on or contribution to Ngāti Rangitahi culture**


**SECTION D: ABOUT THE FUNDS**

**D1. What is the overall cost of the project?** *(Note: Please attach full project budget)*

\$
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**D2. Please complete a budget for the grant requested, inserting amounts where appropriate in the table below.**

*(Please list your purpose items in order of priority)*

PURPOSE ITEM	\$ AMOUNT REQUESTED
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$</b>





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**D7. Who will make decisions on paying your project's bills?**

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**SECTION E: ADDITIONAL INFORMATION**

**E1. Please write in the box below any additional information to support your group's application.**

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**SECTION F: PREVIOUS FUNDING**

**F1. If you (or any members of your group) have received an Iwi Initiative grant in the past 5 years, have you submitted a financial report for each grant given?**

Yes

No

**If No, please send us any outstanding financial reports or tell us why you have not submitted a financial report for each outstanding grant.**

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**SECTION G: NOTES**

**G1. Please add any notes that did not fit within the fields supplied in the application**

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## SENDING US YOUR FORM

**Before placing your completed form in an envelope, check you have enclosed:**

- a signed Client Agreement Form
- provide a letter of verification from your coach, teacher or organisation on letterhead, confirming your participation in this event/ activity.
- full project budget
- provide your bank details on a pre-printed bank deposit slip, or a verified printout of your bank account details from your bank. Payment will be made by Direct Credit to your account.
- Reference for the person you named in question D7
- proof of cash in hand, e.g. bank statements, letters approving funding etc.
- ensure you are applying for funding (30) ten working days BEFORE the event happens.

Please post or deliver applications to:

Te Mana o Ngati Rangitahi Trust  
PO Box 7, Matata  
3 Onewairere Place, Matata.

3 Onewairere Place, PO Box 7. MATATĀ. New Zealand

ph: +64 7 3222 452 website: [www.ngatirangitahi.iwi.nz](http://www.ngatirangitahi.iwi.nz)