



TE KAWERAU IWI
TIAKI TRUST

TE KAWERAU IWI TIAKI TRUST GRANT APPLICATION FORM

Grants
Te Kawerau Iwi Tiaki Trust
Email: tiaki@tekawerau.iwi.nz
Website: www.tekawerau.iwi.nz
PO Box 104198
Lincoln North 0610
AUCKLAND

GRANT CRITERIA

Te Kawerau Iwi Tiaki Trust provides limited contestable grants each year to Te Kawerau ā Maki members or projects. Grant funding is of a charitable nature that must directly relate to advancing the **social, cultural or environmental wellbeing of the iwi and iwi members**. The amount of grant funding available can vary annually. Applications are reviewed and awarded by the Tiaki Trust board on a case-by-case basis considering the merits of the application.

You are eligible to apply for a grant if you are a registered member of Te Kawerau ā Maki.

This Grant Application Form must be signed and dated by the Applicant's parent, grandparent or guardian if they are under 18 years of age. If signed by a guardian, they must provide proof of guardianship e.g. court or will appointed documents. The onus for providing adequate information is on the Applicant and not the Trust. Te Kawerau Iwi Tiaki Trust reserves the right to decline applications.

Applications must be submitted to:

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Te Kawerau Iwi Tiaki Trust
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PRIVACY STATEMENT

The information supplied is confidential within the terms of the Privacy Act 1993, and for the lawful use by the Te Kawerau Iwi Tiaki Trust. We collect your personal information in order to:

- Update your data/details if required within the iwi database
- Collect demographic data to better inform our mahi

Only internal staff have access to this data.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you would like to ask for a copy of your information, or to have it corrected, please contact us at tiaki@tekawerau.iwi.nz.

YOUR DETAILS

FIRST NAMES		SURNAME		OTHER NAMES	
DATE OF BIRTH		GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		STREET ADDRESS	
SUBURB		TOWN/CITY	COUNTRY	POST CODE	HOME <input type="checkbox"/> Owned <input type="checkbox"/> Renting
PHONE	EMAIL				
OCCUPATION			EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Homeperson <input type="checkbox"/> Retired <input type="checkbox"/> Student		
BANK ACCOUNT DETAILS					
Account Name:					
Account Number:					
<input type="checkbox"/> Proof of Bank Account Attached (e.g. bank statement or letter from bank)					

PURPOSE OF THE GRANT

GRANT TYPE / NAME (IF APPLICABLE)?
WHAT IS THE GRANT FUNDING NEEDED FOR?
HOW WILL THE GRANT CONTRIBUTE TO SOCIAL, CULTURAL OR ENVIRONMENTAL WELLBEING FOR YOU, YOUR WHĀNAU OR THE IWI?

HOW MUCH (IN \$NZD) IS BEING APPLIED FOR?
PLEASE PRVIDE A DETAILED DESCRIPTION OR BREAK-DOWN OF COSTS (E.G. HOW WILL THE MONEY BE SPENT SPECIFICALLY)
<input type="checkbox"/> Evidence of Costs Attached if Applicable/Possible (e.g. formal quotes, estimates or receipts)
HOW WILL TE KAWERAU Ā MAKI BE ACKNOWLEDGED THROUGH USE OF THE GRANT (E.G. PUBLIC STATEMENTS)?

DECLARATION

I declare that the information given in this application is true and correct. I declare that I am a member of Te Kawerau ā Maki. Pursuant to the Privacy Act 1993, the information will be used at the discretion of the Te Kawerau Iwi Tiaki Trust.

Signature:	Date: