



Wairakei Charitable Trust PROJECT APPLICATION FORM 2020



Organisation Details

Organisation/Roopu Name			
Contact Person		Designation	
Address			
Phone		Fax	
Email			
What is the legal entity of your organisation/roopu?	<input type="checkbox"/> Not a legal entity	<input type="checkbox"/> Maori Committee	<input type="checkbox"/> Ahu Whenua Trust
	<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Incorporated Society	<input type="checkbox"/> Maori Trust Board
	<input type="checkbox"/> Marae Entity	<input type="checkbox"/> Whanau Trust	<input type="checkbox"/> Other _____

Project Details

Project Name	
Project Purpose	
Project Location <small>Please attach a map of area if possible.</small>	
How many members of your organisation/roopu will be involved in the project?	<p>Please list names and roles:</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p>
Land Ownership <small>Note: 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.</small>	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 <small>Who will hapu benefit from the project? How many are likely to benefit?</small>	For the avoidance of doubt a letter of support from Hapu needs to confirm in writing that there has been a marae or hapu meeting, and that there is strong support for the application



Long Term Maintenance of the Project.

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?

Have you applied to any other organisations for financial or in kind assistance?

Yes – please list:
-
-
 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 & Budget
(please attach additional pages if required)

How long will it take to carry out your project? 0-6 Months 7-12 Months 1-3 Years Other _____

Project Overview

Start date	Expected Timeframe	Costs to be covered by:		
Key tasks to be completed	Cost(s)	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"/>
•	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total for Project	\$	\$	\$	\$

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.

GST is to be included in all invoices.

Checklist

Before submitting your application please check that you have:

- Read the 'Funding Policy' document and be sure that your proposal meets the application criteria.
- Completed all relevant sections in this application form
- Attached written endorsement from the relevant committee with a copy of the minutes from the meeting showing resolution to support your project.
- Signed this application form (2 people to sign below)
- Attached any other additional information to support this application

Please send all completed application forms to:

Wairakei Charitable Trust
PO Box 19
TURANGI

All enquiries to be directed to:

Total Diversity Ltd (Secretary)
Phone: 07 386 6843 or Fax: 07 386 0390
Email: info@tdltd.co.nz

Signatures

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

1. The information contained in this application is true and correct.
2. There is no guarantee that the organisation/roopu will be successful in receiving funding.
3. The Wairakei Charitable Trust may collect information about the organisation/roopu from any third parties in respect of this application.
4. The signatories have the authority to commit the organisation to this application.

Name: _____ Designation: _____

Signature: _____ Date: _____

Name: _____ Designation: _____

Signature: _____ Date: _____

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

Incomplete applications will be declined.

CLOSING DATE: FRIDAY 31st JULY 2020