



Wairakei Charitable Trust

WANANGA

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 _____
Wananga Details			
Wananga Name and Date			
Wananga Purpose <small>What will the Wananga cover i.e whakapapa, te reo, weaving etc</small>			
Wananga Location <small>Marae that the Wananga is to be held at. (Please attach a letter from the Marae Secretary confirming booking)</small>			
How many members of your whanau/hapu will be attending the wananga?			
Wananga Team and Experience <small>Please list the key members of your Wananga team and outline their skills and experience.</small>	- - - -		



Benefit of the Wananga Briefly describe how the Wananga will benefit the whanau/hapu and future generations.	
Support Letters Please attach the following letters to this application	<input type="checkbox"/> Meeting minutes or a letter from the Chair of your organisation authorising the Wananga. <input type="checkbox"/> Letter from Marae Secretary confirming Marae booking.
Have you applied to any other organisations for financial or in kind assistance?	<input type="checkbox"/> Yes – please list: - - - - <input type="checkbox"/> No
Is there any further information about your wananga that you wish to include with your application?	Please attach additional pages if required.

Wananga Budget
(please attach additional pages if required)

ITEM	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"/>
•	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total for Wananga	\$	\$	\$	\$
Total cost(s) of Wananga 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.

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 support letters from the relevant committees with a copy of the minutes from the meeting showing resolution to support your wananga.
- Detailed Budget of costs associated with your Wananga.
- 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: SATURDAY 29 FEBRUARY 2020

