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Application form for Financial Assistance for Marae Wawata

# CRITERIA:

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| **South Wairarapa**  To be eligible the marae committee must describe that the project or activity will meet the aspirations of their marae.  The project or activity must demonstrate connections to marae, whānau, hapū, iwi and the wider community. |

1. A successful application will require the grant to be spent within 6 months of receipt. Should an extension of time be required, a written request is required to be made to the Māori Standing Committee (MSC) chairperson.
2. An MSC Accountability form together with evidence of the expenditure is required within 3 months of a grant being spent *(provide all invoices & receipts).*
3. All questions must be completed.
4. GST will be added to grants approved for GST registered marae.
5. All grants will be considered on a case by case basis and are required to be submitted for consideration at least 10 days prior to the MSC meetings <https://www.swdc.govt.nz/sites/default/files/2020%20meeting%20calendar_0.pdf>
6. A marae is eligible for one grant per year from the MSC **Marae Development Fund**.
7. A marae committee member will be invited back to present to the MSC after completion of their project or activity to share their experience.

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# GENERAL DETAILS:

|  |  |
| --- | --- |
| Name of Marae: |  |
| Postal Address: |  |
|  |  |
|  |  |
| Phone: |  |
| Email: |  |

# Please give a brief description of your project and how your marae, whānau, hapū, iwi and the wider community will be involved? *(Do you have a business plan with vision statement and strategy? please supply)*

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| **Please describe how this project will help to achieve the aspirations of your marae?** |
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# FINANCIAL DETAILS:

# *(All figures shown are to be exclusive of GST)*

**Cost of activity** $

*Breakdown of costs*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………..**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………..**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………..**

**Other funding or grants received or being sought:**

*Names of funders*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………..**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………..**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………..**

**Total:** $

**Amount of Grant Sought:** $

|  |  |  |  |
| --- | --- | --- | --- |
| **Name on bank account:** |  | **GST:** | Yes / No |
| **Bank account number:** |  | | |

If you are successful, your grant will be deposited into this account. GST registered Marae will be asked for a tax invoice.

|  |  |
| --- | --- |
| Have you applied to the Māori Standing Committee for funding before? | Yes / No |
| If yes, how many times in the last 3 years? |  |
| If yes, when, for what purpose and how much was granted? | |

# MARAE COMMITTEE CONTACT DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please note that consent must be obtained to provide these details as per the Privacy Act 1993.  **Committee Chairperson** | | | | |
| Address |  | | | |
|  |  | | | |
|  |  | | | |
| Phone |  | Email | |  |
| **Committee Treasurer or Secretary** |  | | | |
| Address |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
| Phone |  | Email |  | |
|  |  | | | |

# DECLARATION

I hereby declare that the information supplied is correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
| Date: |  | | |

**CONSENT UNDER PRIVACY ACT 1993**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to the South Wairarapa District Council collecting the personal information above only for a lawful purpose connected with the function or activity of this application. This consent is given in accordance with the Privacy Act 1993. <https://www.swdc.govt.nz/privacy-statement>

Date: Signature (hand written):

**Please return application to:**

**COMMITTEE ADVISOR**

**South Wairarapa District Council**

**P.O. BOX 6**

**MARTINBOROUGH 5741**

**PHONE 306-9611**

Or by email to:

[**Steph.Dorne@swdc.govt.nz**](mailto:Steph.Dorne@swdc.govt.nz)