



**MĀORI STANDING
COMMITTEE**
Kia Reretahi Tātau

Application form for Financial Assistance for an Individual

CRITERIA:

South Wairarapa

To be eligible applicants must be able to demonstrate their connection to South Wairarapa through whakapapa or family connection, or how the activity will benefit the South Wairarapa Māori and non-Māori community.

The activity must connect to one or more of the following community outcomes: Social (leadership opportunity), Cultural (opportunity to learn Mātauranga Māori), Environmental (training opportunity) or Economic (work experience or job opportunity).

1. Successful applicants will be required to spend the grant received 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 receipts*).
3. All questions must be completed.
4. The maximum grant is \$500 unless special circumstances are considered to exist.
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. An individual is eligible for one grant per year from the MSC Grants Fund.
7. Applicants will be invited back to present to the MSC after completing the activity to share their experience.

GENERAL DETAILS:

Name of applicant: _____

Postal Address: _____

Phone: _____

Email: _____

Please demonstrate your connection (*whakapapa, family or activity*):

Provide a description of the activity you wish to do and how it connects to one or more of the kaupapa (*leadership, cultural, environmental, or work experience*):

FINANCIAL DETAILS:

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

Bank account number:

If you are successful, your grant will be deposited into this account.

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?	

PERSONAL CONTACT DETAILS

Contact details of a parent or guardian if applicant is under the age of 18.

Name of parent or guardian:

Address:

Mobile:

Email:

Contact details of person who can provide more detail of the activity you are choosing

Name of contact person:

Address:

Mobile:

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:

<p>COMMITTEE ADVISOR SOUTH WAIRARAPA DISTRICT COUNCIL P.O. BOX 6 MARTINBOROUGH 5741 PHONE 306-9611 Or by email to: Steph.Dorne@swdc.govt.nz</p>
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