



MĀORI STANDING COMMITTEE

Kia Reretahi Tātau

Application form for Financial Assistance for an Organisation

CRITERIA:

South Wairarapa

To be eligible the applicant must be from a non-profit organisation that can demonstrate they have a focus to building communities.

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. A successful organisation will be required to spend the grant received within 6 months of receipt. Should an extension of time be required, a written request is 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. Applications to a maximum value of \$1000 will be considered (*GST will be added to grants approved for GST registered applicants*).
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 organisation 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.

**Kia Kaha, Kia Maia, Kia Manawanui
Mauriora**

GENERAL DETAILS:

Name of organisation: _____

Postal Address: _____

Phone: _____

Email: _____

Please describe the ‘focus area’ of your organisation that will help build communities *(Do you have a business plan, vision statement and strategy? Please supply)*

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

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, the grant will be deposited into this account. GST registered organisations 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?	

PERSONAL CONTACT DETAILS

Name of person completing the application

Name of contact person

Address

Phone

Email

Name of person who can provide more detail of the activity you are choosing to do

Please note that consent must be obtained to provide these details as per the Privacy Act 1993.

Name of contact person

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:

<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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