# Per Capita Grant Application for Individuals/Groups

This grant is to be used for charitable purposes within New Zealand. This is a one off grant for Individuals and Group Applications. Applications from individuals will receive no more than $200.00. Applications from Groups will receive no more than $1,500.00.

## Eligibility Criteria:

1. Maungatautari Marae must be the applicants registered Primary Marae on either the Tainui or Ngāti Koroki Kahukura Ben Roll
2. Reside in New Zealand
3. Present evidence for accountability with the application
4. Application must align to the Maungatautari Marae values outlined on page 4
5. Funding can only be used for purchases made after receiving the Per Capita Grant

## Per Capita Grant Covers:

1. Hardship
2. Education
3. Well-Being Advancement
4. Cultural Advancement
5. Social Advancement
6. Spiritual Advancement
7. Economic Advancement

## Grant Conditions:

1. Applications from Individuals and Groups shall produce a tangible outcome
2. Applicants shall provide a report either in writing to the Grant Committee or in person at a Marae hui
3. Applicants must provide an Accountability Report to the Grant Committee

## Application Process:

* Applications are submitted to grants@maungatautarimarae.co.nz
* The application is received by the Grant Committee who do an initial assessment before tabling the application at a Marae hui
* Applicants are invited to speak to their application at the Marae hui. If in the event a vote is taken in respect of the application, the applicant and any others involved with the application may be requested to vacate the hui
* All applications **MUST** be passed and supported by Maungatautari Marae whānau at a Marae hui
* Whānau present at the Marae hui will provide feedback to guide the Grant Committee with the final stage of the process - allocation of funds
* Applicants will be advised of the outcome within 2 days after the Marae Hui
* All decisions are **FINAL**

## Checklist:

|  |  |
| --- | --- |
| **Action List** | **Y/N** |
| Have you completed all sections of the application? |  |
| Have attached a verified bank slip? |  |
| Have you completed the Whakapapa Chart on page 5? |  |
| Does your application align with the Maungatautari Marae Strategy outlined on page 4? |  |
| If you’re speaking to your application at the Marae hui, do you have a presentation prepared? |  |

# Per Capita Grant Application Form

|  |  |
| --- | --- |
| **Name of group:** |  |
| **First Names:** |  |
| **Surnames:** |  |
| **Postal Address:**  |  |
| **Gender:** |  |
| **Date of Birth:**  |  |
| **Email Address:**  |  |
| **Telephone:** |  |
| **Whakapapa:** | **Applicant Must Complete the Whakapapa Chart (Appendix Two) on Page 5** |
| **Bank Details:*****Please attach a verified bank deposit slip*** | **Name of Bank:** |  |
| **Account Name:** |  |
| **Account Number:** |  |
| **Please indicate what your application is for:**1. Hardship2. Education3. Well-Being4. Cultural Advancement5. Social Advancement6. Spiritual Advancement7. Economic Advancement |

**Please provide a summary in 250 words or less detailing what you or your group would like the grant for.**

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**To help the Grant Committee evaluate your application, please provide a summary answering the below questions. Please note, you do not have to answer every question.**

|  |
| --- |
| **Will the funds be used to promote the relief of the aged or poor members or those suffering from mental or physical sickness or disability or incapacity, if so, how?** |
|  |
| **Will the funds be used for the advancement of education or learning, if so, how?** |
|  |
| **Will the funds be used to promote mental or physical wellbeing, if so, how?** |
|  |
| **Will the funds be used to promote the educational, spiritual, economic, social or cultural advancement of Maungatautari Marae including the provision of facilities for recreation or other leisure time activities, if so how?** |
|  |

***Declaration***

I declare that the information given in this application is true and correct to the best of my knowledge. If my application is successful, I will abide by the conditions of the grant. I give consent for my application to be discussed at the Marae hui.

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For administrative purposes only:***

Ae: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kao: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Whakapapa Verified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix One

## Maungatautari Marae Strategy

**VISION:**

Maungatautari Marae people are prosperous, healthy, educated and engaged.

**VALUES:**

1. **Hāpai i te Kīngitanga**

Uphold the Kīngitanga

1. **Ko te Oranga o te Maunga, te Awa, me te Whenua, Ko te Oranga o te Iwi**

The health of the mountain, waterways and the land is the health of the people

1. **Kaitiakitanga**

We look after what is ours

1. **Manaakitanga**

We support what is ours

1. **E rua ngā Marae, Kōtahi te Iwi**

Two Marae, one Iwi

1. **Oranga Tangata, Oranga Hinengaro, Oranga Tinana, Oranga Wairua**

We are healthy peoples; educated minds, vital body and resonating soul

1. **Riro Whenua Atu, Hoki Whenua Mai**

As land was taken so should land be returned (Sir Robert Mahuta)

**Please provide a summary in 250 words or less detailing how you/your group’s intended purpose for funding aligns with the values of Maungatautari Marae:**

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# Appendix Two

## Whakapapa Chart

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  | **Name** |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | **Father** |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Paternal Grandfather** |  |  |  | **Paternal Grandmother** |  |
|  |  |  |  |  |  |  |  |  |
| **Paternal Great Grandfather** |  |  | **Paternal Great Grandmother** |  | **Paternal Great Grandfather** |  |  | **Paternal Great Grandmother** |
|  |  |  |  |  |  |  |  |  |
| **Paternal Great Great Grandfather** |  |  | **Paternal Great Great Grandfather** |  | **Paternal Great Great Grandfather** |  |  | **Paternal Great Great Grandfather** |
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| **Paternal Great Great Grandmother** |  |  | **Paternal Great Great Grandmother** |  | **Paternal Great Great Grandmother** |  |  | **Paternal Great Great Grandmother** |
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|  |  |  |  | **Mother** |  |  |  |  |
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|  | **Paternal Grandfather** |  |  |  | **Paternal Grandmother** |  |
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| **Paternal Great Grandfather** |  |  | **Paternal Great Grandfather** |  | **Paternal Great Grandfather** |  |  | **Paternal Great Grandfather** |
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| **Paternal Great Great Grandfather** |  |  | **Paternal Great Great Grandfather** |  | **Paternal Great Great Grandfather** |  |  | **Paternal Great Great Grandfather** |
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| **Paternal Great Great Grandmother** |  |  | **Paternal Great Great Grandmother** |  | **Paternal Great Great Grandmother** |  |  | **Paternal Great Great Grandmother** |

# Appendix Three

## Accountability Report

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| --- |
| GRANT DETAILS No: |
| Applicant/Group Name:  |
| Amount Approved: | Date Approved:  |
| ACKNOWLEDGEMENT OF GRANT I acknowledge receipt of grant funds as listed above and confirm that this money has been used to fund the specific purposes for which it was approved, as evidence by the reconciliation that follows and the attached documents. |
| Name: | Position: |
| Signature: | Date: |
| EXPENDITURE RECONCILIATION (continue on separate sheet if required) |
| Purpose(s) for which funds were approved: |
|  |
| Email: | Telephone: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Purchased** | **Supplier** | **Amount Paid** | **Payment Date**(Receipt or from Bank Statement) |
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| **TOTAL $** |  |  |