

### ELIGIBILITY

#### **Criteria:**

Grant applicant is whakapapa verified with Ngāti Koata Trust and has an Iwi ID number. This includes tamariki.

#### **Unsure whether you are whakapapa verified?**

Please contact Ngāti Koata Trust to check this for you **before** you submit your application. If you are whakapapa verified, you will have an Iwi ID number. We are more than happy to guide you through this process if needed.

### KEY DATES

The Ngāti Koata Trust financial year runs from 1st April - 31st March. Annual grant funding is allocated across the following quarters:

Quarter 1	1st April - 30th June
Quarter 2	1st July - 31st September
Quarter 3	1st October - 16th December
Quarter 4	7th January - 31st March

*Note: due to the Christmas/New Year holiday period, the closing date for Quarter 3 and opening date for Quarter 4 are subject to change each year. Prior notice will be issued.*

- Grants open on the first day of a new quarter.
- Grants close when the funding for that quarter has been fully allocated.
- Grants reopen again on the first day of the next quarter.

### TO APPLY FOR A GRANT

1. Fill in the applicable application form.
2. Attach ALL requested documentation to complete your application.
3. Submit your complete application to Ngāti Koata Trust.

*Note: Where grants are approved, the amount approved may not cover the total amount requested.*

#### **Requested Documentation:**

- The requested documentation is required for processing and auditing purposes.
- Applications received without all of the requested documentation are considered incomplete.
- Incomplete applications are not able to be processed. Incomplete applications received in person or by post will be returned to applicants.

### SUBMITTING YOUR APPLICATION

- Submit your application in person at 137 Vickerman Street, Nelson; or by email to [pa@ngatikoata.com](mailto:pa@ngatikoata.com); or by post to Ngāti Koata Trust, PO Box 1659, Nelson 7040, New Zealand.
- Applications submitted in person may be **received from the first day** of a new grants quarter.
- Applications submitted by email may be **received from the first day** of a new grants quarter (NZST).
- Applications submitted by post may be **posted up to 3 days prior** to a new grants quarter.
- Any applications received earlier than the prescribed timeframes above will not be processed.

### PROCESSING YOUR APPLICATION

- Receipt of all grant applications will be acknowledged.
- Complete grant applications received during an open grants quarter are sorted, processed and reviewed in the date and time order they are received.
- Please allow 3 - 4 weeks for your application to be processed.
- Each applicant will be notified of the outcome of their grant application by email (unless otherwise requested).
- Applications that are not able to be processed because grant funding for that quarter have been fully allocated may be re-submitted at the next quarter.

***If you have any questions about grants, please contact Ngāti Koata Trust on 03 5481639.***

## **REQUESTED DOCUMENTATION GUIDE**

All requested documentation must be dated within 6 months of current financial year.

HEALTH GRANT APPLICATIONS		
<ul style="list-style-type: none"> <li>• <b>Provider</b> means health service/treatment provider i.e. dentist, podiatrist, optometrist, doctor etc.</li> <li>• <b>Supplier</b> means health product/equipment provider i.e. supplier of orthotics, glasses, hearing aid etc.</li> </ul>		
DOCUMENTATION REQUIRED FOR:	DOCUMENT DESCRIPTION:	
ALL <i>Health Grant Applications</i>	Verification of health service/treatment/product needed	<ul style="list-style-type: none"> <li>• On letterhead from health <b>provider</b> or <b>supplier</b>.</li> <li>• States applicant's name.</li> <li>• Verifies applicant's need for health service/treatment/product.</li> </ul>
	Verification of cost(s)	<ul style="list-style-type: none"> <li>• On letterhead from health <b>provider</b> or <b>supplier</b>.</li> <li>• States applicant's name.</li> <li>• Verifies cost(s) for health service/treatment/product.</li> </ul>
ALL APPLICATIONS <i>where service/treatment/product has not yet been paid for</i>	Provider/Supplier's verified bank account details	<ul style="list-style-type: none"> <li>• On letterhead from health <b>provider</b> or <b>supplier</b>; OR</li> <li>• Bank deposit slip for health <b>provider</b> or <b>supplier</b>.</li> <li>• <i>For international grant applications, the SWIFT code for health provider or supplier's bank is also required.</i></li> </ul>
ALL APPLICATIONS <i>where service/treatment/product has already been paid for</i>	Receipt(s)	<ul style="list-style-type: none"> <li>• Shows service/treatment/product paid for.</li> <li>• Shows payment date.</li> <li>• Shows payment amount.</li> <li>• Shows payment method.</li> </ul>
	Your verified bank account details	<ul style="list-style-type: none"> <li>• Bank deposit slip; OR</li> <li>• Letter stamped and signed by bank showing bank account name and number; OR</li> <li>• Screenshot of bank account showing name of bank, account name and number.</li> <li>• <i>For international grant applications, the SWIFT code for your bank is also required.</i></li> </ul>

SPORTS GRANT APPLICATIONS		
DOCUMENTATION REQUIRED FOR:	DOCUMENT DESCRIPTION:	
ALL <i>Sports Grant Applications</i>	Support letter	<ul style="list-style-type: none"> <li>• Written by applicant (or whānau member of applicant).</li> <li>• Outlines involvement with, and/or connection of applicant (or applicant's whānau) to Ngāti Koata.</li> </ul>
	Confirmation of selection <b>and</b> event/activity details	<ul style="list-style-type: none"> <li>• On letterhead from sports team/club or other applicable organisation i.e. school.</li> <li>• States applicant's name.</li> <li>• Confirms applicant has been selected as a player/participant for event/activity.</li> <li>• Shows name, date(s) and venue of event/activity.</li> </ul>
	Confirmation of cost(s)/fees	<ul style="list-style-type: none"> <li>• On letterhead from sports team/club or other applicable organisation i.e. school.</li> <li>• States applicant's name.</li> <li>• Shows applicant's costs to participate in event/activity.</li> </ul>
ALL APPLICATIONS <i>where fees/cost(s) have not yet been paid for</i>	Verified bank account details	<ul style="list-style-type: none"> <li>• On letterhead from sports team/club or other applicable organisation i.e. school; OR</li> <li>• Bank deposit slip for sports team/club or other applicable organisation i.e. school.</li> <li>• <i>For international grant applications, the SWIFT code for your sports team/club or other applicable organisation i.e. school is also required.</i></li> </ul>
ALL APPLICATIONS <i>where fees/cost(s) have already been paid for</i>	Receipt(s)	<ul style="list-style-type: none"> <li>• Shows payment(s) made to sports team/club or other applicable organisation i.e. school.</li> <li>• Shows payment date.</li> <li>• Shows payment amount.</li> <li>• Shows payment method.</li> </ul>
	Your verified bank account details	<ul style="list-style-type: none"> <li>• Bank deposit slip; OR</li> <li>• Letter stamped and signed by bank showing bank account name and number; OR</li> <li>• Screenshot of bank account showing name of bank, account name and number.</li> <li>• <i>For international grant applications, the SWIFT code for your bank is also required.</i></li> </ul>

**NGĀTI KOATA TRUST  
HEALTH & SPORT GRANT APPLICATION FORM**

Please read the NGĀTI KOATA TRUST - GRANTS INFORMATION sheet (Page 1 of this form) and ensure:

- You meet the eligibility criteria.
- You have attached ALL requested documentation. Incomplete grant applications will not be processed.
- You submit your application when grants are open.

This application is for a: **HEALTH GRANT** | **SPORT GRANT** (please circle one)

**APPLICANT DETAILS:**

1. First name(s): .....
2. Surname: .....
3. Date of birth: .....
4. Address: .....
5. Telephone/s: .....
6. Email: .....
7. Mother's name: .....
8. Father's name: .....
9. Iwi ID Number:

**GRANT REQUEST DETAILS:**

10. Details of health service/treatment/product needed OR sporting event/activity:  
.....  
.....  
.....

11. Total amount applied for:  
\$

**SPORT GRANT APPLICATIONS ONLY:**

For all sport grant applications, applicants must:

1. Acknowledge Ngāti Koata Trust as a sponsor if/when media reporting opportunities arise.
2. Submit a brief report to Ngāti Koata Trust about your sporting event/activity within 8 weeks of the event/activity being completed.

Please circle your acknowledge agreement to these requirements: **Yes / No**

**REQUESTED DOCUMENTATION**

- The requested documentation is required for processing and auditing purposes.
- Please read the REQUESTED DOCUMENTATION GUIDE (Page 2 of this form) and ensure you attach ALL requested documentation applicable to your application.

**PLEASE TICK REQUESTED DOCUMENTATION YOU HAVE PROVIDED WITH YOUR APPLICATION:**

**ALL HEALTH GRANT APPLICATIONS:**

- Verification of need for health service/treatment/product.
- Verification of cost(s) for health service/treatment/product.
- Verified bank account details for health service/treatment/product provider;

**OR**

- Receipt(s) for health service/treatment/product **AND** your bank verified account details.

**ALL SPORT GRANT APPLICATIONS:**

- Support letter from applicant.
- Confirmation of selection and event/activity details.
- Confirmation of cost(s)/fees to participate in event/activity.
- Verified bank account details for sports team/club or other applicable organisation i.e. school;

**OR**

- Receipt(s) for payments made to sports team/club or other applicable organisation i.e. school **AND** your bank verified account details.

Privacy Act 1993

The information provided in this form is subject to the Privacy Act 1993 and will be only be used by Ngāti Koata Trust for the purpose of assessing and processing your grant application. All requested documentation is considered confidential to your application. Please ensure these documents are copies as they will not be returned.

I..... (applicant’s name)

**certify that the information provided in this form is true and correct. I have read and understand that:**

- To be eligible for a grant, my whakapapa to Ngāti Koata must be verified.
- I must submit ALL requested documentation for processing and auditing purposes.
- My application information including personal details will be added to the Ngāti Koata Trust grants database for processing and auditing purposes.

**Please complete the following:**

1. Do we have your permission to publish/share your achievements in our “Iwi Success Stories”? **Yes / No**
2. Do we have your permission to publish/share your name if you are a successful grant recipient? **Yes / No**

**Applicant’s signature..... Date:.....**

<b>OFFICE USE ONLY</b>
Date received: .....
Time received: .....
Signed: .....
Iwi ID number: .....
Decision: Approved   Declined
Decision date: .....
Amount approved: .....
Signed: .....