

GRANTS INFORMATION

Ngāti Koata Trust provides education, health and sports grants to members of the iwi.

Applications Open	Applications Closed	Applicants Notified by
1st Jan	31st Jan	19th Feb
1st Apr	30th Apr	19th May
1st Jul	31st Jul	19th Aug
1st Oct	31st Oct	19th Nov

Criteria:

- Registered or whakapapa verified members of Ngāti Koata Trust.
- Please contact us for your iwi membership number: 03 5481639 or pa@ngatikoata.com

Please Note:

- Grants are one-off assistance towards education, health and sports needs.
- Grant applications are only considered where evidence of costs or expenses are provided.
- Education grants are not considered for living expenses (housing, transport, kai).
- Grants awarded may only be a portion of the amount requested.
- Applicants will not be awarded more than one grant per category in a financial year.

To Apply:

- Complete the relevant grant application form and submit with all requested documentation by the closing date.
- Email, post or deliver your grant applications:
 - Email: pa@ngatikoata.com
 - Post: PO Box 1659, Nelson, 7040
 - Personal delivery: 137 Vickerman Street, Nelson
- All complete applications received during the open period will be considered.
- Ensure you attached all requested documentation.
- Late or incomplete applications will not be considered.

REQUESTED DOCUMENTATION

- All documentation must be dated within 6 months of current financial year (1 Apr - 31 May)
- Ensure you attach all requested documentation to your application.
- Incomplete applications will not be considered.
- Please contact us if you have any questions about the requested documentation.

REQUIRED FOR	DESCRIPTION
HEALTH GRANT APPLICATIONS	<p>Confirmation of health service or goods required:</p> <ul style="list-style-type: none"> • On letterhead from applicants' health provider (doctor, dentist, optometrist, etc.) that verifies need for service or goods <p>Evidence of costs:</p> <ul style="list-style-type: none"> • Attach invoices, quotes and/or receipts for fees, services or goods required • Receipts must be dated and show the method of payment <p>Invoices and quotes must:</p> <ul style="list-style-type: none"> • Be dated • State applicants' name • Include bank account details for payment
SPORTS GRANT APPLICATIONS	<p>Cover letter outlining:</p> <ul style="list-style-type: none"> • Summary of applicants' involvement with/connection to Ngāti Koata • Summary of applicants' sports program or event <p>Confirmation of selection:</p> <ul style="list-style-type: none"> • On letterhead from sports team/club or school confirming applicant has been selected as player • Outlining event details (summary of event, dates, location, venue etc.) <p>Evidence of costs:</p> <ul style="list-style-type: none"> • On letterhead from sports team/club or school outlining costs for applicant • Invoices, quotes and/or receipts for fees, services or goods required • Receipts must be dated and show the method of payment <p>Invoices and quotes must:</p> <ul style="list-style-type: none"> • Be dated • State applicants' name • Include payment details
ALL APPLICATIONS	<p>Payment information:</p> <ul style="list-style-type: none"> • Grants awarded are paid by internet bank transfer • Grants are only awarded where there is an expense to the applicant • Grants awarded are only paid to applicants' where proof of expenses are received <p>Only the following forms of bank account details are accepted:</p> <ul style="list-style-type: none"> • Invoices or quotes on letterhead; • Bank deposit slip; • Bank statement; • Screenshot of bank account details; <p>All forms of bank details must show bank name, account name and account number.</p> <p>International bank account? SWIFT code is required</p>

NGĀTI KOATA TRUST
HEALTH & SPORTS GRANT APPLICATION FORM

Please ensure:

- You have read the Grants Information (page 1) and attached all Requested Documentation (page 2)
- You complete all sections and submit your application when grants are open
- Incomplete and late applications will not be considered

APPLICANT DETAILS

1. First name(s):
2. Surname:.....
3. Date of birth:
4. Address:.....
5. Contact phone number:.....
6. Email:.....
7. Mother's name:.....
8. Father's name:.....
9. Iwi membership number:.....

GRANT REQUEST DETAILS

10. Details of health service or goods required, or sports program or event:
.....
.....
.....
.....
11. Total amount applied for:

SPORTS GRANT APPLICATIONS ONLY:

Applicants' must:

1. Acknowledge Ngāti Koata Trust as a sponsor where media opportunities arise.
2. Submit a report to Ngāti Koata Trust within 8 weeks of the completion of your sports program or event.

Do you agree to these requirements? **Yes / No**

REQUESTED DOCUMENTATION

- The requested documentation is required for processing and auditing purposes.
- Please ensure you have read page 2 and attached all requested documentation.

I HAVE ATTACHED THE FOLLOWING DOCUMENTATION TO MY GRANT APPLICATION (tick to acknowledge):

Health Grant Applications:

- Confirmation of health service or goods required
- Evidence of costs/fees
- Payment information

Sports Grant Applications:

- Cover letter
- Confirmation of selection
- Confirmation of sports program or event details
- Evidence of costs/fees
- Payment information

Privacy Act 2020

The information provided in this form is subject to the Privacy Act 2020 and will 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, I must be registered or whakapapa verified with Ngāti Koata Trust.*
- *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 (sports grant applicants' only):

- Do we have your permission to publish/share your achievements? **Yes / No***
- Do we have your permission to publish/share your name if you are a successful grant recipient? **Yes / No***

Applicant's signature.....Date:.....