

Office Use – Date Received:



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**Te Ati Hau Trust – General Grant**

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

**Brief description of project**


**Hui Aranga \$1,000 (cultural performing group grant)**

**Amount applied for:** \_\_\_\_\_

**TE ATI HAU TRUST DECISION:**

**Amount:** \$ \_\_\_\_\_ **For** \_\_\_\_\_

**ACCEPT**      **DECLINE**      **Chairperson's signature:**

**General Grant**

This category of grant may include individual or group projects and requests.

**Purpose of Grant:**

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**Tell us how our support of you will help you and how your grant might help your whanau, hapu and iwi**

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*Attach additional comment on separate sheet if required*

**Please provide details of the budget for the purpose your grant will be used.**

**Details of the cost of project: Please provide on separate sheet:**

**Income – detail what is secured and what you are waiting to have secured**

**Expenditure – please provide quotes on all capital, building, equipment, uniforms etc from the contractor or service provider you will use.**

**Summary of Budget**

Total Income \$ \_\_\_\_\_ A

Total Secured Income \$ \_\_\_\_\_

Total Unsecured Income \$ \_\_\_\_\_

Total Expenditure \$ \_\_\_\_\_ B

Income less expenditure \$ \_\_\_\_\_ A-B=C

What contribution are you making to this project? \$ \_\_\_\_\_ D

**The amount you seek from TE ATI HAU TRUST** \$ \_\_\_\_\_

**Applicant – Contact Details**

Address: \_\_\_\_\_  
*Te Ati Hau Trust will use this address to contact you*

Phone Number: \_\_\_\_\_ Group contact name \_\_\_\_\_

Email: \_\_\_\_\_

**Eligibility – Relationship of applicant to Atihau Whanganui Incorporation**

You will need to get the person from whom you descend who is an Atihau-Whanganui shareholder to verify your relationship. If you are a beneficiary of a Trust or Estate that holds shares in Atihau Whanganui Incorporation you will need to get one of the Trustees or Administrators to verify your status and eligibility

I \_\_\_\_\_, am a shareholder / Trustee / Administrator that holds shares in the Atihau Whanganui Incorporation.

Share No: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ is

*(Tick the most appropriate)*

My Descendant

A beneficiary of the following Trust, named: \_\_\_\_\_

A beneficiary of the following Estate, named: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witnessed by (this must be someone other than the applicant):

Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Office

Address: \_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Groups**

Percentage of group that are **ATIHAU WHANGANUI INCORPORATION** shareholders \_\_\_\_\_ %

Please supply details of relationship of each member to AWHI shareholder (include shareholder number) on a separate sheet. The AWHI office will verify your eligibility for priority status.

Office
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Tell us about your group’s aims, purposes and objectives:

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*Attach extra information on separate sheet if required*

**Payment in the case of a successful application**

All General Grant payments will be made directly to the applicant’s bank account.

Please **provide an official deposit slip or electronic copy** showing the name of the account, which must be the name of the applicant or where applicable the name of the contractor or service provider that provided you with the quote. All payments will be made by direct credit. The deposit slip is required to assist the office staff to load the correct details and is proof of who will receive the money.

Bank Account details:
Name of Bank: _____ Branch _____
Account name: _____ Account No: _____

**Reporting**

Successful applicants will be required to submit a progress report on their project. The Te Ati Hau Trust board is genuinely interested in knowing how you are going with your project.

<b>Checklist - Please attach evidence of:</b>	Applicant	Office
<input type="checkbox"/> All sections of application form completed		
<input type="checkbox"/> Quotes: services, equipment, uniforms, etc		
<input type="checkbox"/> Verified Bank account deposit slip or electronic copy		