



KAIPARA

WHITI ORA O KAIPARA CHARITABLE TRUST WHĀNAU ORA GRANT APPLICATION

The Whiti Ora o Kaipara Whanau Ora Grant supports our Ngāti Whātua o Kaipara members with access to non public funded Health and Well Being services.

This grant aligns with the strategic objectives as set out in the Ngāti Whātua o Kaipara Rautaki 2018-2050:

- Te Mana o Ngāti Whātua o Kaipara
- Kaitiakitanga
- Commercial Development
- Whānau Ora
- Whānau Development

*To be eligible, you must be a registered tribal member who resides in Aotearoa.

Section One Personal details

Section Two Grant purpose

Section Three Payment Details

Section Three Declaration

Grant Timetable

The Whānau Ora Grant is open all year round with a 30 day payment turn-around time (from receipt of completed applications) for all successful recipients.

* Trustees, directors, employees (and their spouse/partner and dependents) of Ngā Maunga Whakahii o Kaipara; and it's subsidiary entities, are ineligible to apply for Grants.

1. Personal details

Full Name:

Member Number:

Date of Birth:

Email Address:

Legal Guardian's Full Name: (if you are under 18 years)

Applicants Phone Number:

Legal Guardian's Phone Number:

Postal Address:

Legal Guardian's Signature

Post Code:

Note: Your legal guardian does not have to be a registered member with Ngāti Whātua o Kaipara.

2. Grant Purpose

*Grant Purpose (Invoices/receipts will be considered only for the [3] categories listed below)	Supplier (Health Provider) (e.g. Lumino, Spec Savers)	Sum to allocate	Maximum Cap	^Invoice(s)/ Receipt(s) Attached ✓
Dental		\$	\$300 ~ Combined Cap	<input type="checkbox"/>
Optometry (e.g. prescription glasses)		\$		<input type="checkbox"/>
Audiology (e.g. hearing aids)		\$		<input type="checkbox"/>
Total Amount Requested:				

* Grants are not available for any other category (e.g. publicly funded services such as GP referrals to counselling/gym, MOH funded services, dental health care for applicants 17 years or younger etc). Only the categories listed above will be considered.

^ Please ensure that your invoice(s) or receipt(s) list the provider or suppliers name, purchase date, your full name (or your guardians full name), expense details (that match your grant purpose(s) above) and the cost(s) incurred. Reimbursements will only be considered if an invoice cannot be provided by a supplier/provider and with bank details attached to this application.

~ Grants for Dental, Optometry & Audiology costs have a combined (annual) cap of up to \$300 for each applicant. (e.g. \$100—Dental, \$100 Optometry and \$100 Audiology or \$300-Dental)

Note: The cap mentioned above only applies to Whanau Ora Grant Applications.

Have you applied elsewhere for financial support for your health & well being?

Yes No

If yes,
- please list the provider(s) and the total amount(s) you are requesting.

1.	\$
2.	\$

3. Payment Details

Please tick which payment details you have attached? **Payment details must be attached when submitting this application form.**

<input type="checkbox"/> Tax Invoice or Receipt <input type="checkbox"/> Bank Account Details	For reimbursements, please record your bank account number below and attach verification of your account to this application.
	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

4. Declaration

By submitting this form, I (the applicant) agree and declare that all the information provided is true and correct.

- I understand that Whiti Ora o Kaipara Charitable Trust and my supplier (Health provider) listed, may share my information
- If I become a grant recipient, I agree to my information being used for reporting and marketing purposes
- I understand that the terms of this Grant Programme can be amended at any time, with suitable notice provided
- I understand that I can only apply for a grant category once, each financial year and that my annual maximum entitlement is up to \$300 (all categories combined).
- I understand that my application will be assessed on merit with priority given to first time applicants in any financial year.
- I understand that my application does not imply automatic entitlement to grants, and that caps are the maximum amount a grant will pay up to based on funding available each year.
- I confirm that all documentation required for this application, is attached including tax invoices, receipts and bank account details.

Privacy Statement

Whiti Ora o Kaipara Charitable Trust uses your information collected to consider applications and administer successful Grant applicants

Your information is held by Whiti Ora o Kaipara Charitable Trust who may use your information for research and statistical purposes

You have the right to access your information and request corrections if you believe your information is inaccurate.

Applicants Signature:

Date:

Please email your completed application **with attachments** to—grants@kaiparamoana.com