



Omapere Taraire E & Rangihamama X3A Ahu Whenua Trust

Discretionary Fund Application

APPLICANT NAME: _____

CONTACT NUMBER: _____ MOBILE: _____

EMAIL: _____

WHAKAPAPA TO TRUST (AS PER REGISTERED OWNERS LIST): # _____

The discretionary fund is disbursed as a grant on a case-by-case merit basis. The funding promotes and enhances initiatives for the social, economic and cultural advancement of the Omapere Rangihamama Trust Shareholders and Beneficiaries.

To be eligible for the Discretionary fund you must fulfil the following:

- You must be a registered Shareholder or Beneficiary of the Trust.
- Apply for funding at least 8 weeks BEFORE the funds are required.
- Provide evidence of cost or outline budget costings.
- The **MAXIMUM** amount in total shall not exceed \$200.00 per application.
- Must provide bank account details and bank stamped verified confirmation of the account number from the bank. Payment will be direct credited to your verified bank account number.
- The amount of the grant shall be a contribution towards the cost and may not represent the total cost of the amount required for the occasion.
- The distribution of the fund is at the discretion of the Board of Trustees and applications will be considered & granted at each Board Meeting following the receipt of a **FULLY** completed application.
- Applications can be submitted at the Trust office 12 Mangakahia Road, Kaikohe or by email to o.rtrustees@xtra.co.nz

Important:

- If you are successful in receiving funding, you will not be eligible for further funding in the following 12 months.
- Activities that will not be funded include the purchase of alcohol or cigarette products, medical expenses, debt servicing, operational or legal costs ie. fines.
- If the intended reason for the funding (as per your application) does not proceed the funds must be returned to the Omapere Rangihamama Trust.

Whakapapa

Iwi: _____

Hapu: _____

Marae: _____

Matua Tane: _____

Matua Wahine: _____

Matua: _____

Whaea: _____

Referee

Name: _____

Address: _____

Phone: _____

I acknowledge that all the information I have provided is correct and will advise the Omapere Rangihama Trust should there be any change to the information or reason for requesting funding prior to funds being deposited to my designated bank account.

Signature: _____ Date: _____

Received stamp:



Date Paid:



The request for funding is -:

Approved: _____
Board Trustee Board Trustee

Dated: _____ Dated: _____

Declined:

Checklist:

1. Completed the application form fully.
2. Signed and dated the application form.
3. Attached Verified Bank Account details.

Return application to:

Omapere Rangihamama Trust
P O Box 604
Kaikohe 0440

or

Omapere Rangihamama Trust
12 Mangakahia Road
Kaikohe 0405

Email: o.rtrustees@xtra.co.nz