



Ngāti Kahungunu Iwi Incorporated



Te Puni Kōkiri  
REALISING MĀORI POTENTIAL

&

## Matariki Sponsorship Application Form 2010

### NGATI KAHUNGUNU IWI INCORPORATED MATARIKI SPONSORSHIP POLICY

**The purpose:**

We are pleased to announce that \$6500.00 is available in amounts from \$150.00-\$500.00 to encourage and recognize community events that celebrate Matariki – the Māori New Year.

**1. The Application**

- Applies to events promoting Matariki – the Māori New Year within the Ngati Kahungunu rohe.
- We will consider applications from registered Kahungunu whanau, hapū, marae, taurahere and taiwhenua organisations.

**2. Policy Statement**

- The event or wananga must be specific to the Kaupapa of Matariki and make a major contribution to Kahungunu
- The applicants **must** agree and adhere to the criteria for sponsorship and accept decisions made with **no** right of appeal

**3. Criteria**

- The event must be smokefree to support the iwi's 'Smokefree Strategy'.
  - A minimum of one waiata from the 'Tihei Kahungunu Passport' must be sung at the event to support the Ngati Kahungunu 'Te Reo Strategy'. (Passports available for \$15.00 from the iwi office)
  - Maximum Sponsorship is \$500 for events.
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- Apply in writing on the official application form
  - Forms must be received at the iwi office by 12.00noon 10 June 2010
  - The event must be held within the following dates 11<sup>th</sup> June – 11<sup>th</sup> July 2010.
  - Acknowledge Ngati Kahungunu Iwi Inc. and Te Puni Kokiri as sponsor in promotional material and at the event.
  - A one page report with pictures of the event including a photo promoting the Tihei Kahungunu passport to be returned to Ngati Kahungunu Iwi Inc. within two (2) weeks of completion of the event.
  - All applicants will be notified by the 11<sup>th</sup> June 2010.

**SECTION 1**

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**Full Name of Trust or Organisation** .....

**Street Address of Self or Organisation** .....

**Postal Address of Self or Organisation** .....

**Postal Address of Self or Organisation** .....

**Name of Contact Person (1)** .....  
**(Mr./Mrs./Miss/Ms)**

.....  
Position

.....  
Daytime Ph:

.....  
Fax:

.....  
Email:

**Name of Organisation Contact Person (2)** .....  
**(Mr./Mrs./Miss/Ms)**

.....  
Position

.....  
Daytime Ph:

.....  
Fax:

.....  
Email:

**SECTION 2 (a) - DETAILS OF EVENT**

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Briefly describe what you want the donation for: .....

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How many people will participate in the event? .....

**SECTION 2(b) - COST OF PROJECT**

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What is the total cost of the event? \$.....

Have you sought alternative funding sources? Yes  No

**SECTION 2(c) - FUNDS RAISED TO DATE FOR THIS PROJECT**

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Amount available from own funds \$ .....

Detail amounts raised from other sources:

Source .....	Amount	\$ .....
Source .....	Amount	\$ .....
Source .....	Amount	\$ .....
	Total Raised	\$ .....

**SECTION 2(d) - FUNDS STILL TO BE RAISED FOR THIS EVENT**

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How much do you seek from Ngati Kahungunu Iwi Incorporated? Amount \$ .....

**SECTION 3 – ACCOUNT DETAILS**

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Please enclose your bank account details for payment.

**Bank Account Name:** \_\_\_\_\_

**Bank Account Number:**      -     -        -

Bank                      Branch                      Account number                      Suffix

Are you GST registered?                      Yes        No   

**If yes please submit GST number:** \_\_\_\_\_

Please ensure that you print your bank account details clearly. If you are successful payment will be made direct to this account.

#### SECTION 4 - DECLARATION & PRIVACY ACT AUTHORISATION

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This authorisation relates to information in this application that Ngati Kahungunu Iwi Inc. may hold about me/us now or in the future.

I/We hereby declare that I/we are authorised to submit this application and that any donation we receive will be used for the project for which it was approved.

I/we authorise Ngati Kahungunu Iwi Inc. to use this information for the purposes of administration of this application.

I/we authorise Ngati Kahungunu Iwi Inc. to seek such information as they may required to complete the consideration of this application.

I/we hereby declare that the information provided is correct.

I/we acknowledge that any decision made by Ngati Kahungunu Iwi Inc. is final and that no reasons for such decision will be given nor will any correspondence be entered into.

I/we declare that this event will be smokefree.

I/we declare that we will sing a minimum of one waiata from the Tihei Kahungunu passport at this event.

Full Name of contact person: .....

Signature: ..... Date: .....

Full name of witness: .....

Signature: ..... Date: .....

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#### PLEASE POST YOUR COMPLETED APPLICATION & ALL SUPPORTING DOCUMENTATION TO:

Matariki Sponsorship Manager  
Ngati Kahungunu Iwi Incorporated  
P O Box 2406  
HASTINGS  
Ph: 06 876-2718  
Fax: 06 876-4807  
Email: [ruth@kahungunu.iwi.nz](mailto:ruth@kahungunu.iwi.nz)

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#### PLEASE FILL IN YOUR NAME ALONG WITH YOUR ORGANISATIONS NAME AND ADDRESS IN THE BOX PROVIDED

Contact Name:

Contact Organisation

Postal Address  
(Please print clearly)

**Ngati Kahungunu Iwi Incorporated acknowledges receipt of your application.** You will be advised the outcome by the 11<sup>th</sup> June 2010. Please ensure we have your correct contact details.