

PURPOSE

To assist Ngāti Kuia Whānau impacted by the current COVID-19 pandemic.

CRITERIA

The purpose of this fund is to financially assist whānau who have had their income or situation change as a result of the impact of COVID-19.

Applications are considered on a case by case basis.

Examples of grants considered may include:

- Rent, mortgage, rates, insurance arrears
- Urgent repairs or disability aids
- Power, phone, heating and gas costs
- Kai
- Emergency visits to health services including mental health, physio and natural healing
- Prescriptions
- Licence, car registration and WOF
- Working from home costs
- Job interview costs, travel and clothing

Examples of costs that will not be considered include:

- Any costs covered by WINZ or other agencies
- Any costs that are the responsibility of an employer (Unless you are self-employed)
- Sports, Cultural, Back to School, Tertiary or other grants already offered by the Rūnanga
- Home maintenance or decorating
- Bond or relocation costs unless urgent
- Internet or mobile phone top ups unless used for schooling or work
- Subscription services such as Sky TV, Disney and Netflix
- Events
- Non-urgent doctor, dental or cosmetic procedures
- Car servicing

GRANT PAYMENTS

Grant amounts will vary depending on the applications, however any amounts awarded will not exceed more than \$250 per Adult and \$150 per child. Applications are invited as individuals or households.

Applications must have an invoice, quote or account attached. Any payments will be made either directly to the supplier or via voucher. No cash payments or payments in retrospect will be made.

APPLICATION

YOUR PERSONAL DETAILS

Name	_____	Date of Birth	<u>DD/MM/YYYY</u>
Address	_____	Phone	_____
	_____	Mobile Phone	_____
Suburb	_____	Email	_____
Town/City	_____		
Country	_____		

OTHER NGĀTI KUIA MEMBERS IN YOUR HOUSEHOLD INCLUDED IN THIS APPLICATION

Full Name	_____	Date of Birth	<u>DD/MM/YYYY</u>
Full Name	_____	Date of Birth	<u>DD/MM/YYYY</u>
Full Name	_____	Date of Birth	<u>DD/MM/YYYY</u>
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Full Name	_____	Date of Birth	<u>DD/MM/YYYY</u>

HOW HAS COVID-19 IMPACTED ON YOUR WHĀNAU?

GRANT DETAILS

Amount Requested: \$ _____

APPLICATION

Payments will be made directly to the provider or voucher.

Please attach proof of costs e.g. photocopy of provider's invoice.

BANK ACCOUNT NAME _____

ACCOUNT NUMBER ---

PARTICULARS _____ CODE _____ REFERENCE _____

DECLARATION

☐ I declare that all information supplied in this application is true and correct.

SIGNED (Enter Full Name) DATED: DD/MM/YYYY

POST: Ngāti Kuia Trust
PO BOX 968
Nelson

IN PERSON TO: Nelson Office
192 Rutherford Street
Nelson

Blenheim Office
19 Kinross Street
Blenheim

EMAIL: tari@ngatikuaia.iwi.nz