



**Te Runanga
o Moeraki Inc.**

REQUESTS FOR KAUMATUA GRANTS POLICY

TE RUNANGA o MOERAKI INC. POLICY	NUMBER ONE	DATE:	PAGE
		REV. DATE:	
SUBJECT: FINANCE	APPROVED BY CHARIPERSON		

1. INTRODUCTION:

Te Runanga o Moeraki vision states, 'our people are thriving'. Our mission is to enable whānau and hapū to prosper. One of the ways we can tautoko and encourage kaumatua (65yrs+) to maintain good health is through our kaumatua grants

2. PURPOSE:

This purpose of this policy is to outline the criteria and procedure for applications for whānau support grants.

3. APPLICATIONS:

3.1. Applications for kaumatua grants can be made by Kaumatua registered with Te Rūnanga o Moeraki by following the procedures outlined in this policy.

3.2. An applicant can submit only one application per financial year (1 July to 30 June) and the costs must have occurred within the financial year the application is being made.

3.3. Applications must be made on the application form available on the Moeraki rūnanga website or by contacting the rūnanga office.

3.4. Applicants will be acknowledged when their applications are received. Incomplete applications will be returned to the applicant for correction or clarification.

3.5. Applicants can expect a decision within 2 months (60 days) of the date their application is received.

The applicant will be advised of the decision, and if a grant is awarded, its amount and the process for payment.

3.6. Decisions of the Grants Committee are final.

4. GRANTS

4.1. The amount awarded for any one application will be up to a maximum of \$500. The Grants Committee does not have to grant the maximum amount or the full amount requested.

4.2. In exceptional circumstances the Grants committee has the discretion to approve a grant above \$500, up to a maximum of \$1,000.

Exceptional circumstances exist where the request relates to the

payment of (to give examples):

- Eye treatment
- Hearing
- Dental
- Walking aids
- Podiatry
- Mammograms/prostate
- Specialist fees
- GP visits
- Medically related travel expenses
- Prescriptions/medications
- Personal alarm

4.3. An annual budget for whānau support will be set each year and cannot be exceeded without resolution from the Rūnanga executive. If the budget is exhausted, the executive will be notified and can consider further budget at that time.

5. ASSESSMENT

5.1. A grants committee will be made up of 3 representatives from the executive committee and the Kaihautu/general manager. The grants committee will assess all applications.

5.2. The grants committee will be notified of applications as soon as they are received and will convene a meeting as soon as practicable to consider the application.

5.3. Applicants must be treated impartially and without prejudice. Where an immediate whānau member or close friend of a grants committee member applies for a whānau grant, that member will declare their conflict and remove themselves from the decision-making process.

5.4. Each application will be treated on its own merit. The committee can request further information from the applicant.

5.5. Minutes of grants committee meetings will be taken, noting those present, any conflicts, the decisions and reasons for the decision and the amounts granted. Those minutes will be kept at the office of the Rūnanga.

5.6. The grants committee will report on the outcomes of applications at executive meetings.

6. CRITERIA

- 6.1. Only registered members of Te Rūnanga o Moeraki (or other person on their behalf) can apply for whānau support.
- 6.2. The applicant must clearly state in their application the reasons for the request and the amount sought.
- 6.3. Evidence to support the request must be provided e.g. quote, invoice, receipt. The grants committee may request further evidence or information to support your application
- 6.4. The reasons for kaumatua grants can vary widely. Requests vary from health support as noted in this policy through to support with heating, electricity, other essential household costs through to emergency travel.

Applicants must be able to show that they are unable to meet their own costs with ease and give reasons as to why the rūnanga should support their application.

- 6.5. Grants will be paid to a verified bank account of the registered member or their guardian. The applicant will need to confirm their bank account with a deposit slip or other evidence from their bank.

Where the grant is to be paid in to another person's account on behalf of the member, the rūnanga must be satisfied that the relationship with the member is such that the funds will be used for the purpose granted



Application for Kaumatua (65+) Grant

Section 1 – Rūnanga Information

Are you a registered member of Te Rūnanga o Moeraki or Te Rūnanga o Ngai Tahu?

- Yes (Ngāi Tahu) No (please complete registration)
 Yes (Moeraki)

If yes, by what whanau name (if different from below): _____

Section 2 – Personal Identification Details

Surname: _____

First Names: _____

Date of Birth: _____ Male Female

Postal Address: _____

Post Code: _____

Home Phone: _____

Mobile: _____

Email Address: _____

If you are making this application on behalf of a registered member of Te Rūnanga o Moeraki, what is your relationship to the kaumatua recipient?

Section 3 – Application Information

Is this your first application for Financial Support from Te Rūnanga o Moeraki?

Yes No

If NO, please detail funding assistance previously received and in what year:

Are you applying for a Kaumatua Grant towards medical costs?

Yes No

If yes, go to Section 4 If no, go to Section 5

Section 4 – Grant for medical costs

Reason (please note that this information will be kept confidential to the Rūnanga executive):

Name of Doctor/Specialist: _____

Section 5 – Grant for other than medical costs

Reason: _____

Name of Provider of Service: _____

Section 6 – Signature

By signing this application form, I confirm that I have read and understood the conditions of this grant and certify that all information supplied in this application is true and correct. I understand that failing to comply with the conditions of this grant may disqualify me from receiving any further Te Rūnanga o Moeraki grants.

Applicant's Signature

Date

CHECKLIST:

- Application form fully completed.
- Recipient is a registered member of Te Rūnanga o Moeraki
- Relationship between applicant and recipient shown
- Detailed quote/invoice/receipt attached.
- Deposit slip or evidence from bank confirming bank account details is attached.

POST THE APPLICATION FORM AND ALL REQUIRED DOCUMENTATION TO:

Support for School Costs Grant Application
Te Rūnanga o Moeraki
Tenby Street, Moeraki RD 2
Palmerston 9482

OR EMAIL TO: moeraki.runanga@ngaitahu.iwi.nz

Office Use Only

Accepted/Declined: _____

Grant Type: _____

Grant Amt: _____

Reasons/notes: