



National Services Te Paerangi

Helping Hands Grant

Application form

What is the name of your organisation?

What is your legal status (for example, charitable trust or incorporated society)? Please attach evidence of your status.

Briefly, what are you applying for?

How much are you applying for? The maximum grant is \$2,000 including GST.

How will this grant help your museum/iwi organisation?

Tell us about your museum/iwi organisation. Include simple details such as opening hours, the number of paid and voluntary staff, and their roles.

Tell us about your current funding. If your most recent annual accounts show current funds of \$20,000 or above, indicate how this money is tagged (other projects, running costs, etc).

FOR ADMIN USE ONLY					
APP NO.		DATE RECEIVED		s/o	

Contact person regarding this application

Name _____

Position _____

Phone (daytime) _____ (evening) _____

Address _____

Email _____

Checklist

The following information must accompany this application:

- 1. Copies of quotes or receipts from supplier
- 2. Your most recent annual accounts
- 3. A copy of your most recent bank statement
- 4. Evidence of your legal status (a letter of incorporation, evidence of charitable trust status, etc)
- 5. If applicable, a copy of the letter from Inland Revenue confirming Tax Exempt status

GST status

Is your organisation registered for GST? _____

If yes, what is your GST number? _____

Bank account details. For payment of grant, if approved.

Account name _____

Account number _____

Declaration

- 1. I am authorised to make this application.
- 2. To the best of my knowledge, the information contained herein is true and correct.
- 3. All funds received will be used only for the purpose for which they were approved.
- 4. All funds received but ultimately unspent will be returned to NSTP.
- 5. I acknowledge that organisational and personal information collected in this application will be held by NSTP for the purposes of assessing applications and publicising approved applications.

For and on behalf of your organisation

Full name of organisation

Chairperson

Signature _____

Full name _____

Date / /

Please post your application to:

Helping Hands Grant
National Services Te Paerangi
Museum of New Zealand Te Papa Tongarewa
PO Box 467
WELLINGTON

Or email your application to:

NSTPGrants@tepapa.govt.nz

Please don't post or email your application to a particular staff member. (In the absence of the named staff member, your application would be delayed.)