Contact:
info@hhct.co.nz
PO Box 302139, North Harbour
www.hhct.co.nz

APPLICATION INFORMATION

The Harbour Hockey Charitable Trust provides grants through Te Kaha Oranga Fund. Our Committee meets regularly to allocate grants to people connected to NHHA who are in **"hardship"**. Please note that:

1. We never give out cash. Instead, we pay bills or purchase items on people's behalf.
2. Attach quotes, invoices, bills, or payment information. We need these before our meeting.
3. Please be realistic with the amount you apply for as we want to support as many people and we are able and we have limited funding.
4. We consider applications based on evidence provided therefore please provide a detailed description of your funding needs.
5. We cannot consider incomplete applications, and will return these.

Examples of things we can help with	
Participation	Club or Association fees
Development	Club or NHHA programmes, Representative and NZ camps,
Associated costs	Uniform items, equipment, travels costs, resources

Examples of things we cannot help with	
Coaching	Payments for high-performance individualised coaching and/or training sessions
Loans, Hire Purchase, financing costs	Payments for loans, previously committed expenses, financing costs for any associated costs
Individual expenses	Costs that are not related directly to physical activity opportunities.

We meet regularly throughout the year. We will contact you with the result about one week after the meeting.

Please scan and email your application and any supporting documentation to info@hhct.co.nz

Our confidentiality declaration

Your completed application will only be viewed by the Committee and Grant Administrator.

The Committee and Grant Administrator will keep confidential all information regarding applicants and their applications that is transferred verbally, in written and electronic form.

Where further information about the application is required, this will only be with the consent of the applicant, and for the purposes of considering the application.

☐ Consent. By submitting this application, you consent to us consulting with support people, or any other parties regarding your application. This is to better understand your situation and how this meets the application criteria.

PART 1: Applicant's contact information here	
Date: _____ /_____ /_____	
Name of Applicant:	
DOB ____ /____ /_____ Age _____ Ethnicity _____ e.g Māori, Pasifika, NZ European, Prefer not to say, etc.	
Address of Applicant:	Mobile _____
	Email _____
Who is applying for the grant: (if different from above)	
If you are applying for someone else do you have their permission? Yes / No (Please circle)	
Address of the Applicant's contact person	Mobile _____
	Email _____
Has the applicant or a member of their family/household asked HHCT Te Kaha Oranga Fund for a grant in the pas Yes/No (Please circle). Please note that we keep a record of all previous grants given. Please ensure you disclose any conflicts of interest _____ (eg applicant is staff member, a relative or work colleague of the applicant)	

PART 2: List what's being applied for and the cost. Attach quotes and payment details	
	$
	$
(add additional page if required) TOTAL cost being applied for	$

PART 3: Please tell us about your application for support.
Applications are strictly confidential, so please write about your situation as fully as you feel able and note any important factors such as family crisis, health, special needs, etc. Please outline how this grant may help to improve your longer-term situation and future. *Use additional pages if required (limit of 750 words)*
I, (*Full name of Applicant)*_____

declare that the information provided is true and correct to the best of my knowledge.

Signed: _____ *Date*: _____