

Iwi/Hapu Management Plan Application Form

He Pepa Tono whakakāi Mahere Rautaki ā Hapū ā Iwi

1. This is an application for (tick the option that best applies)

The development of a new hapu/iwi resource management planning document

Updating or reviewing an existing document (*Name existing document below*)

Name of Existing Document: _____

2. Name and Contact Details of Hapū/iwi:

Name: _____

Address: _____

_____ PostCode: _____

Email: _____

Phone: _____ Mobile: _____

3. Contact Details of two key people involved in this project

Contact 1

Name: _____

Address: _____

_____ PostCode: _____

Email: _____

Phone: _____ Mobile: _____

Contact 2

Name: _____

Address: _____

_____ PostCode: _____

Email: _____

Phone: _____ Mobile: _____

- 4. Brief details of key contact people** (*please include their role in the project, skills, qualifications and previous experience*)

- 5. Verification that the document will be recognised by the relevant Iwi Authority:**

Name of Iwi Authority: _____

Details of Authorised Iwi Representative:

Name: _____

Address: _____

_____ PostCode: _____

Email: _____

Phone: _____ Mobile: _____

Date: _____

Signature: _____ Designation: _____

b) What is the proposed life of the plan?

c) Description of Hapū/Iwi areas of interest/boundaries and statutory acknowledgement areas (if applicable).

(Please include map if possible)

d) Will the plan be developed in stages? Yes / No (please circle)
(If yes, please outline stages and proposed timeframes)

- e) Plan Development methods and estimated costs:**
(This information may be provided as a separate attachment, however, please include the headings identified below and any additional ones you may have).

Please provide details beneath the headings below	Estimated Costs
Consultation Hui:	\$
Research:	\$
Administration:	\$
Site Visit/Field Trip:	\$
Workshops:	\$
Consultants/Contractor Fee:	\$
Other:	\$
Estimated Total Cost	\$

- f) What is the total amount of funding you are seeking?**

\$ _____

- g) Do you consent to the information within your application being shared with Tauranga City Council and/or Bay of Plenty Regional Council for the purpose of discussing a joint funding approach to your application?**

Yes

No

h) Have you obtained funding from any other sources? eg Bay of Plenty Regional Council. (Please include the name of the organisation and the amount received).

i) How will the Hapū/Iwi contribute to the development of the plan?

(Include details about any financial or in-kind assistance)

j) How would you like to work with Western Bay of Plenty District Council in developing your plan?

8. Bank Account Details *(Please provide a pre-printed bank deposit slip to the application. GST will only be paid if the organisation is GST registered)*

Bank Name: _____

Branch: _____

Account Name: _____

Account Number: _____

GST Number: _____

9. Official lodgement of the final plan

Please note that successful applications will be required to officially lodge their plan with the Western Bay of Plenty District Council (see guidelines).

The plan will become a public document, and may be placed on Council's website.

10. Authorised signature(s) for application:

Name: _____

Role: _____

Signature: _____ **Date:** _____

Name: _____

Role: _____

Signature: _____ **Date:** _____

11. Please send applications to:

Kaupapa Māori Team
Western Bay of Plenty District Council Private
Bag 12803
TAURANGA 3143

Phone: 07 571 8008

Email: kaupapa.maori@westernbay.govt.nz