

f) What is the amount you would like Bay of Plenty Regional Council to contribute: \$ _____

g) How will the hapū/iwi contribute to the development of the plan? (financial and actual)

8 Bank account details

Name of Bank: _____ Branch: _____

Account Name: _____

Account Number: _____ GST Number: _____

Please attach a pre-printed deposit slip to the application. GST will only be paid if the organisation is GST registered.

9 Official lodgement of the final plan:

Please note that successful applicants will be required to officially lodge their final plan with Environment Bay of Plenty. The plan will become a public document. The plan will be placed on the Council's website.

10 Authorised signature/s for application:

Name: _____

Role: _____

Signature: _____ Date: _____

Name: _____

Role: _____

Signature: _____ Date: _____

11 Applications can be directed to:

Postal Address: Māori Policy Section
Bay of Plenty Regional Council
PO Box 364
Whakatane 3158

Phone: 0800 884 880

Fax: 0800 884 882

Email: info@boprc.govt.nz



**Te Putea Mahere Rawa a Hapū/Iwi
Hapū/Iwi Resource Management Plan Fund**

Pepa Tono Application form

Office use only

File No: _____

Date received: _____

Further info required: YES / NO

Info requested on: _____
(date)

Details: _____

1 This application is for:

- The development of a new hapū/iwi resource management planning document.
- Updating or reviewing an existing document (Please name existing document below).

- The development of a plan to record culturally significant sites, within your resource management plan.

2 Name and contact details of hapū/iwi:

_____ Email: _____

_____ Phone: _____

_____ Mobile: _____

_____ Fax: _____

3 Contact details of key people involved in this project: (use more paper if necessary)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: (daytime) _____ Phone: (daytime) _____

Evening: _____ Evening: _____

Email: _____ Email: _____

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: _____ Designation: _____
(Chairperson, Trustee, Authorised Signatory etc)

Signature: _____ Date: _____

6 Evidence to show that the plan being developed has the approval from a wide representation of the hapū/iwi: Please provide:

- Copy of minutes of meeting in which the plan development was mandated
- Letter of confirmation from the chairperson of the hapū/iwi
- Other form of confirmation (please provide detail below):

7 Project description: (Describe the purpose of the plan, proposed content, goals, objectives and desired outcomes.)

a) What will be the name of the hapū/iwi planning document:

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** (If yes, please outline the stages and time frames proposed)

e) Plan development methods and estimated costs:
 The items below are an example only. You may use your own format.

	Estimated Cost
<input type="checkbox"/> Consultation Hui: (provide details below)	\$
<input type="checkbox"/> Research: (provide details below)	\$
<input type="checkbox"/> Administration: (provide details below)	\$
<input type="checkbox"/> Site Visit/Field Trip: (provide details below)	\$
<input type="checkbox"/> Workshops: (provide details below)	\$
<input type="checkbox"/> Consultants/Contractor Fee: (provide details below)	\$
<input type="checkbox"/> Other: (provide details below)	\$
Estimated total cost	\$