Te Tari Whakatau
The Office of Treaty Settlements and Takutai Moana

Takutai Moana Financial Assistance Scheme

Activity Funding Request Form – 01 July 2026 – 30 June 2027

Use this form to request reimbursement for costs incurred relating to **Activity Workstream expenses**, where approval has been provided by Te Tari Whakatau. Reimbursements are for expenses where you have already incurred the costs (including when you have received an invoice for the costs that you haven't yet paid). Email the completed form with any supporting information to fundingtakutai@whakatau.govt.nz. For more information about available funding, please visit our website.

Please note: Before requesting reimbursement of costs, you must have a budgeted workplan approved by Te Tari Whakatau.

APPLICANT DETAILS

Name of Applicant Group

CIV/MAC/IP number

Name of Funding Representative

Bank account number (for first request or change)

Bank account name

*This is your nominated account and will be used for all funding payments. Please attach suitable proof of bank account with your first request. If you are changing your nominated account, please complete a **Change of Applicant Details Form**.*

If the account is not held by the Applicant Group, please outline the relationship between the group and the account holder:

REQUEST

Amount Requested (inc. GST)

Period Covered

CHECKLIST

Please use the checklist below to confirm the documents you have provided with your funding request. Please note that incomplete or incorrect information may result in your request being returned to you for correction/clarification.

- Complete Funding Request Form, including Summary of Costs in the Appendix
- Costs within the funding request are compliant with the Scheme's guidelines.
- Supporting invoices and timesheets for expenses.
- Supporting receipts for disbursement costs.
- Any other relevant supporting documentation relating to expenses.
- If any of your application details have changed (including the Funding Representative or bank account details), please complete a **Change Applicant Details Form**.

PAYMENT AUTHORISATION

☐ As the Funding Representative, I authorise Te Tari Whakatau to pay the requested amount into my nominated bank account.

DECLARATION

☐ I confirm that my application has submitted a budgeted workplan that has been approved in writing by Te Tari Whakatau.

☐ I confirm that the costs being claimed in this request align with the approved budgeted workplan.

☐ I confirm that all information provided in this request and in any attachments is truthful and accurate.

Name of funding representative

Signature

Date

Please note: Costs sought under the Activity Workstream that are considered Court Workstream costs will be reallocated to the Court Workstream as part of the assessment

APPENDIX: SUMMARY OF EXPENSES INCURRED

Summary of the costs covered in this request

Expense	Amount	Comments (where required)