

Application Form

Funding for 2026

1. **Project Name:**
2. **Name of Organisation:**

1. **Key Contact Person:**

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Mobile/Telephone |  |
| Website (if applicable) |  |
| Street Address or Region(as applicable) |  |

**PLEASE NOTE:**

**THERE IS A MAXIMUM WORD LIMIT OF 600 WORDS PER QUESTION, INCLUDING SUBSECTIONS**

# Strategic Priority Alignment

* 1. The problem / issue / need being addressed?
	2. Which of Te Rau Puāwai’s strategic priorities does the project focus on?
	3. How will the project benefit Māori, Pasifika, neurodiverse, or children and young people who are underserved or require learning support?

# Description of the Project

* 1. What is the evidence based-research, practice or theory that underpins this proposal?
	2. The current state - with descriptive data, including numbers, age groups involved/impacted on.
	3. The desired outcomes/objectives within the timeframe of the project.
	4. Planned actions - specific steps and timeline.

# Impact Assessment and Sharing Learnings

* 1. What does success look like for you in this project, and how will you assess it?
	2. How will results and learnings be shared with your school/community and other project stakeholders?

# Leadership and Sustainability

# Who is leading this project? What is their current role?

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1. How have participants and stakeholders (ie whānau) been involved with the design of the project?
2. Does the project have the support of the Principal/Head of Institution?
3. What plans are in place if a key person leaves during the project?
4. Is there capacity/funding to continue the project if there is evidence of impact?

# Budget

1. What is the total cost of the project?
2. What is the amount requested from Te Rau Puāwai Education Trust?
3. Please provide an itemised budget for the proposal, identifying specific Te Rau Puāwai Education Trust contribution and where applicable, the contribution of others.

# 6. Is your organisation/institution a Registered Charity?

Charities Registration Number:
(if applicable)

GST number:
(if applicable)

**Please return this form in WORD format**

**by 5pm Monday 18 August 2025 to:**

**exec@teraupuawaieducationtrust.co.nz**