

# 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: \_\_\_\_\_

Fax: \_\_\_\_\_

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

**Contact 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PostCode: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

**Contact 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PostCode: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

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

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\_\_\_\_\_

**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: \_\_\_\_\_

Fax: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_

**6. Evidence to show the plan being developed has the approval from a wide representation of the Hapū/Iwi. Please provide the following:**

- 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).

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**7. Project Description:**

*(Describe the purpose of the plan, proposed content, goals, objectives and desired outcomes)*

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**a) What will be the name of the Hapū/Iwi planning document?**

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b) What is the proposed life of the plan?

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

*(Please include map if possible)*

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

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- 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).*

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

- f) **How much funding are you seeking from Western Bay of Plenty District Council?**

\$ \_\_\_\_\_

- g) **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).*

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

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

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

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**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:**

Kaitakawaenga Māori  
Western Bay of Plenty District Council  
Private Bag 12803  
**TAURANGA 3143**

**Phone: 07 571 8008**

**Email: [kaitakawaenga.maori@westernbay.govt.nz](mailto:kaitakawaenga.maori@westernbay.govt.nz)**