TE WAIPUNA PUAWAI

Community Action Grants 2026

Application Form

Thank you for your interest in the Te Waipuna Puawai Community Action Grants. Before completing this application, please read the Request for Proposals (RFP). If you have any questions, please contact Josie Ruawhare, Operations Manager | Te Waipuna Puawai — operationsmanager@twp.org.nz

SECTION 1 APPLICANT DETAILS

Organisation / Group Name

Contact Person	**Position**
Phone	**Email**

Postal Address

Is your organisation a registered legal entity?

☐ Yes	☐ No

If No, please provide the details of the organisation that has agreed to receive funding on your behalf.

Funding Sponsor Organisation

Contact Person	**Email**

SECTION 2 ABOUT YOUR ORGANISATION

Tell us about your organisation or community group. Please include:

- who you are
- who you work with
- what your organisation does
- your connection to the Tāmaki community

SECTION 3 YOUR COMMUNITY ACTIVATION

What is the name of your proposed community activation?

Please describe your proposed activation. Tell us:

- what you want to do
- why it's important
- how it will benefit rangatahi

Where will your activation take place?

☐ Glen Innes	☐ Point England	☐ Panmure

Venue (if known)

When do you expect to deliver your activation?

Approximately how many people will participate?

Rangatahi	Whānau / Community	Total

SECTION 4 OUTCOMES

Please tick which outcomes your activation will contribute towards.

☐ Alcohol Harm Prevention	☐ Rangatahi Leadership	☐ Community Voice & Activation
☐ Whānau & Community Wellbeing	☐ Cultural Identity & Belonging	☐ Community Action

How will your activation contribute to these outcomes?

SECTION 5 RANGATAHI LEADERSHIP

How will rangatahi be involved? Please describe how young people will:

- participate
- contribute ideas
- help plan
- lead activities
- support delivery

SECTION 6 ALCOHOL HARM PREVENTION

How will your activation help reduce alcohol-related harm? Examples may include:

- creating alcohol-free spaces
- increasing awareness
- promoting healthy choices
- strengthening protective factors
- encouraging positive community conversations

SECTION 7 COMMUNITY PARTNERSHIPS

Will you be working alongside other organisations?

☐ Yes	☐ No

If yes, please tell us who.

SECTION 8 BUDGET

How much funding are you requesting?

$ _____ *(Maximum $4,000)*

Please provide a simple budget.

ITEM	COST
TOTAL	$

SECTION 9 MEASURING SUCCESS

How will you know your activation has been successful? Examples:

- participant feedback
- attendance
- photos
- stories
- increased awareness
- stronger connections

SECTION 10 SUPPORTING INFORMATION

Please attach:

☐ A short video (maximum 2 minutes)

☐ Any supporting information (optional)

SECTION 11 DECLARATION

I confirm that:

☐ The information provided is true and correct.

☐ The funding will be used only for the purposes described in this application.

☐ Our organisation agrees to provide a short acquittal report at the completion of the activation.

☐ We agree to acknowledge Te Waipuna Puawai and Health New Zealand | Te Whatu Ora as the funding partner where appropriate.

☐ We understand that funding is not guaranteed.

Name	Position	Date

Signature

ASSESSMENT CRITERIA — FOR OFFICE USE ONLY

CRITERIA	WEIGHTING	SCORE
Alcohol Harm Prevention	25%	
Rangatahi Leadership	20%	
Community Voice & Activation	15%	
Community Benefit	15%	
Cultural Identity & Belonging	10%	
Partnerships	5%	
Value for Money	5%	
Delivery Capability	5%	
TOTAL SCORE		/ 100