

## SECTION 1: APPLICANT CONTACT DETAILS OR WHĀNAU REPRESENTATIVE

Organisation/ Whānau Name: Pacific Trust Canterbury

Contact Person: To

Designation: General Manager

Phone:

Email: [cilicrust.co.nz](mailto:cilicrust.co.nz)

## SECTION 2: PROPOSAL

**DESCRIPTION** To develop a whānau plan that assists whānau to achieve their aspirations by identifying steps that support greater self-reliance and self-management

The Proposed Whānau Group (Please circle).

Whānau                      Hapū                      Iwi

Whānau Name/s To be selected by PTC

Hapū Name/s To be selected by PTC

Iwi Name/s To be selected by PTC

How many whānau members will your plan directly support and in what region/s do they live?

20 fanau groups from the Pacific community of the Canterbury region

Please provide letters of support from the participating whānau members

PTC will identify the 20 fanau that we will support who are part of our Whānau Ora programme

Te Puni Kōkiri may be able to provide funding for the following activities to support the development and completion of your whānau plan

| Facilitation of whānau hui, wānanga                                                       |                                                                                                    | Budgeted         | Funding sought   |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------|------------------|
| Appointment of facilitator/s to lead preparation of whānau plan/s                         | Please name the facilitator/s for each hui or wānanga                                              | \$50,000         | \$50,000         |
| Reasonable costs associated with a whānau hui, wānanga or event                           |                                                                                                    |                  |                  |
| Consultation with whānau on contents of whānau plan/s                                     | Please state the number and location of whānau hui/wānanga/events                                  | \$               | \$               |
| Development of a whānau plan                                                              |                                                                                                    | Budgeted         | Funding sought   |
| Completion of whānau plan/s (You must complete a Whānau plan to receive funding support). | Please state the number of plans (if more than one is required) and name the intended participants | \$100,000        | \$100,000        |
| <b>TOTAL REQUESTED</b>                                                                    |                                                                                                    | <b>\$150,000</b> | <b>\$150,000</b> |

Note Funding may not be used for

- Items of a capital nature including buildings and vehicles.
- Operational costs such as on-going service delivery salaries and rent.
- Projects activities, initiatives and products where other sources of funding are available for which the whānau is eligible.

### SECTION 3: INFORMATION ON ORGANISATION TO MANAGE CONTRACT

(If you are unsure on how to complete this section please discuss with your Te Puni Kōkiri regional office)

#### Contact

(If not the same as above)

Designation General Manager

Name of organisation Pacific Trust Canterbury

Postal address Christchurch

Physical address Christchurch

Registered address

(If different to above)

Phone number

Fax number

Email [pacifictrust.co.nz](mailto:pacifictrust.co.nz)

|                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Type of organisation<br>(Please tick only one)                           | <input checked="" type="checkbox"/> Whānau<br><input type="checkbox"/> Hapū<br><input type="checkbox"/> Iwi<br><input type="checkbox"/> Rūnanga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Taura Here Rōopū<br><input type="checkbox"/> Pan Māori<br><input checked="" type="checkbox"/> Service Provider |
| Type of legal entity or<br>Whānau/Family Trust<br>(Please tick only one) | <input type="checkbox"/> Māori Association under the<br>Community Development Act<br><input type="checkbox"/> Māori Committee<br><input type="checkbox"/> Māori Executive Committee<br><input type="checkbox"/> District Māori Council<br><input type="checkbox"/> New Zealand Māori Council<br><input type="checkbox"/> Māori Trust Board under the<br>Māori Trust Boards Act<br><input type="checkbox"/> Charitable Trust<br><input type="checkbox"/> Incorporated Society<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Discretionary Family Trust<br><input type="checkbox"/> Whānau Trust<br><input type="checkbox"/> Other (please state) |                                                                                                                                         |

When was your organisation established?

1999

What are the main activities of your organisation?

Health and social service provider

What is the long term vision of your organisation?

Wellbeing of Pacific peoples

Is your organisation GST registered?

Yes

(If yes, please provide the GST number)

72-455-940

Does your organisation employ staff? Yes 33 staff

Who is the highest ranking employee and what is his/her title? Tony Fakahau (General Manager)

Is this an umbrella organisation? No

What funding has your organisation previously received from Te Puni Kōkiri in last three years if any? Whanau Ora Lead Provider funding

Do any conflicts of interest exist? (If yes, please provide details) No

**DECLARATION:**

In signing this Declaration I certify that:

- To the best of my knowledge, the information contained in this proposal is true and accurate.
- This project does not duplicate funding received from other providers, or if it is part-funded by another provider, documentation has been attached to this application to show there is no duplication of funded activity.
- This project complies with the objectives of the host organisation as contained in the Organisation's Constitution, Trust Deed or Māori Land Court order.
- In support of this statement I have attached a note from an authorised member of the organisation or a copy of Minutes from an Executive Committee or Board of Trustees meeting, approving the proposal;
- In support of this statement, I have also attached a pre-coded bank deposit slip in the name of the entity that will receive funds.
- I have identified all conflicts of interest that exist for me, any other member of the organisation or employee of Te Puni Kōkiri, in relation to this application, and
- All sections have been completed

In signing this Declaration, I understand that:

- Te Puni Kōkiri may collect information about my organisation or any supporting organisation from any third party in respect of this application.
- If the proposal is successful, the name of my organisation and any supporting organisation and the Te Puni Kōkiri investment amount may be made available publicly as part of Te Puni Kōkiri accountability for public funds.
- The information provided in this document can be used by Te Puni Kōkiri for statistical purposes and/or policy development.
- I (the applicant) along with the target group and beneficiaries of this proposal may be required to participate in an evaluation of the project.
- I (the applicant) understand that my legal entity status will be verified by Te Puni Kōkiri and invalid entities will negate this application.
- I (the applicant) will accept full accountability and responsibility for all requirements associated with the completion of the project, and
- Te Puni Kōkiri will inform me of the final decision

Signature

Person with delegated authority to sign on behalf of the Support Organisation

Name

Designation General Manager

# Whanau Ora Family Plan

Date: 24 February 2012

## Goals

## Strengths

## Worries

|                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>To be connected to God.</p> <p>To live out what we believe</p>                                                                                      | <p>Both [redacted] and [redacted] believe in God</p> <p>Both also believe that going to church is important</p> <p>Both attend church and desire to make it more consistent</p> <p>They feel like they connect with the people and the pastor</p>                                                                                               | <p>The pressure of old friendships might be too tempting</p>                                                                                                                         |
| <p>To have a violence free house</p> <p>To be abstinent from alcohol</p> <p>For our family to be safe and healthy</p> <p>To be financially healthy</p> | <p>[redacted] and [redacted] show care when talking about their children</p> <p>[redacted] is aware that his alcohol and drug use is hurting his family</p> <p>[redacted] takes his responsibility as a father very seriously</p> <p>[redacted] feels strongly about protecting her children</p> <p>Both parents love their children dearly</p> | <p>[redacted] going back alcohol use</p> <p>Immigration status of [redacted]</p>                                                                                                     |
| <p>To support each other emotionally and mentally</p> <p>To show love and care to our children</p>                                                     | <p>Currently taking kids to Dr's appointments when needed</p>                                                                                                                                                                                                                                                                                   | <p>Traditional beliefs vs NZ born beliefs around emotional and mental support</p> <p>Gender roles and responsibilities</p> <p>Traditional expression of love and care vs NZ born</p> |
| <p>To have strong relationships with our community</p> <p>To be leaders within our church</p>                                                          | <p>Attending church on Sundays</p> <p>Spending time with church members</p>                                                                                                                                                                                                                                                                     | <p>No concerns currently</p>                                                                                                                                                         |