



**HĀPAI TE HAUORA**  
MĀORI PUBLIC HEALTH

# COMMUNITY ACTIVATION GRANT APPLICATION FORM

**Activation Name** \_\_\_\_\_

**Full Name** \_\_\_\_\_

**Organisation/Group Name** \_\_\_\_\_

**Email** \_\_\_\_\_ **Contact number** \_\_\_\_\_

**GST Number** \_\_\_\_\_  
(leave blank if not applicable)

**Incorporated Society Number  
or New Zealand Business Number** \_\_\_\_\_  
(leave blank if not applicable)

**Bank account name** \_\_\_\_\_

**Bank account number** \_\_\_\_\_

## TELL US ABOUT YOUR ACTIVATION

**Date of Activation:** \_\_\_\_\_ **Time of Activation:** \_\_\_\_\_

**Location of your Activation:** \_\_\_\_\_

**Activation Summary Explanation and how you will incorporate Smokefree messaging:**

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**What input have community had into the development and design of your activity?  
(co-design workshops/insight gathering)**

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# COMMUNITY ACTIVATION GRANT APPLICATION FORM

## Who is the intended participant for your event?

Māori

Pasifika

Young People/Rangatahi

Hapū māmā

Disabilities

Mental Health

## How is your event tailored to engage those communities?

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## How many people do you expect to reach through your activation?

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## Who are you collaborating/working with to deliver this activation and how are they contributing? (resources/funding/delivering)

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## How does this event support Smokefree Generation?

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- I confirm that I am authorised to submit this application on behalf of the organisation, and that our directors and/or trustees and/or treasurer are aware of and support this submission. (leave blank if not applicable)
- I have read the "Community Activation Guidelines 2022"
- I confirm that information in this application is correct, and that any amount we receive as a result of this application will be used solely for the purposes specified in this application