

Expression of Interest FY25

Form Preview

Eligibility

* indicates a required field

Applicants: Please note

Before completing this application form, you should have read the grant guidelines:

[Community Group funding](#)

Incomplete applications can not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **admin@bryanttrust.co.nz**.

If you do contact us throughout the application process, please quote the application number below:

Application Number

This field is read only.

The identification number or code for this submission.

Confirmation of eligibility

I confirm that in applying for this grant my organisation:

- Is expressing interest in applying for a grant exceeding **\$20,000**
- has read and understood the grant guidelines
- has not applied for a grant from the DV Bryant Trust **within the last 12 months, or is not already receiving a multi-year grant** (please contact us in advance in this case)
- is able to demonstrate alignment between their project and the granting criteria of the DV Bryant Trust.
- is a not-for-profit organisation
- is located in (and/or offers services to) the **Waikato Region** [DV Bryant Trust](#)

Please select below: *

☐ Yes ☐ No

You must confirm that all statements above are true and correct

Grant request

Total amount requested *

Must be a dollar amount.

Expression of Interest FY25

Form Preview

What is the total amount you would be requesting in your application?

Total project/programme cost *

\$

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project/programme?

Contact details

* indicates a required field

Applicant details

Organisation name *

Organisation Name

NZ Charity Registration Number (CRN)

The Charity Registration Number provided will be used to look up the following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

New Zealand Charities Register Information	
Charity Registration	
Number	
Organisation Name	
Other Names	
Status	
Street Address	
Postal Address	
Telephone	
Fax	
Email	
Website	
Date Registered	

Must be formatted correctly.

Primary contact details

Primary contact

First Name

Last Name

Expression of Interest FY25

Form Preview

Primary contact position

Primary contact mobile number

Must be a New Zealand phone number.

Primary contact email

Must be an email address.

Project/programme details

Project/programme purpose and expected outcomes

Project Title

Why does this work need to be done?

Describe the specific issue or need you want to address (200 words recommended)

What are the expected outcomes of the project?

Describe the things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)