

# 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)