# Stockmans Grants 25
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 and/or applications received after the closing date 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 applying for a grant up to and including, but not 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 aims of the Stockmans grant fund.
- is a not-for-profit organisation
- is located in (and/or offers services to) the **Waikato Region** DV Bryant Trust region map

**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 and no more than 20000.
What is the total amount you are requesting in this application?

**Total Project/Programme Cost** *

$

Must be a dollar amount.
What is the total budgeted cost (dollars) of your project?

## Contact details

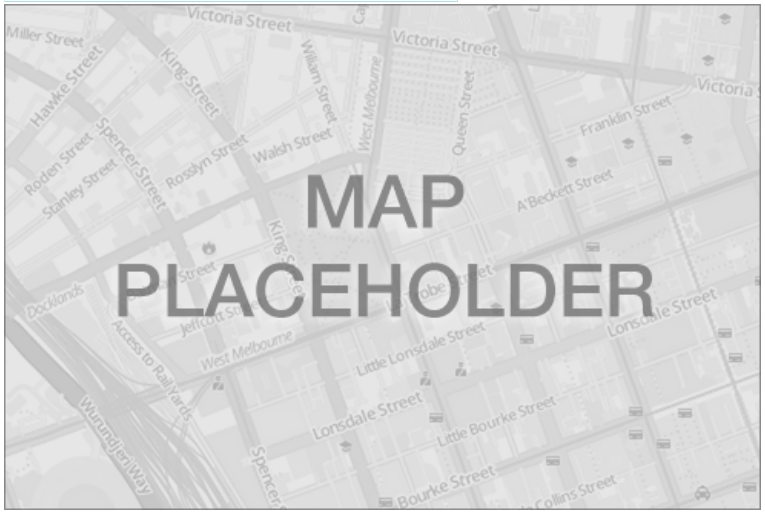
* indicates a required field

### Applicant details

**Organisation name** *
Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation.

**Organisation Primary Address** *
Address




Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**Organisation Primary Phone Number** *

Must be a New Zealand phone number.

**Organisation email address** *

Must be an email address.

**Organisation Website**

Must be a URL.

**Applicant 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

**Applicant Project Contact** *

First Name Last Name

This is the person we will correspond with about this grant.

**Position held in organisation** *

e.g., Manager, Board Member or Fundraising Coordinator.

**Primary Email** *

Must be an email address.

**Mobile Phone Number** *

Must be a New Zealand phone number.

## Organisation details

* indicates a required field

**What is your organisation's purpose or mission? ***

**What type of not-for-profit organisation are you? ***
☐ Educational institution (includes pre-schools, schools, universities & higher education providers)
☐ Religious or faith-based institution
☐ Philanthropic organisation
☐ Social enterprise
☐ Healthcare not-for-profit
☐ Community group
☐ Research body
☐ General not-for-profit (i.e. none of the sub-types listed above)
☐ Environmental organisation
☐ Social Services organisation
Please choose the option that best applies to your organisation.

**What region do you provide services to? ***
☐ Waikato District
☐ Hamilton City
☐ Thames-Coromandel
☐ Hauraki District
☐ Matamata-Piako
☐ Waipa District
☐ Waitomo District
☐ Otorohanga District
☐ South Waikato District
☐ Taupo-Turangi
☐ Taumarunui Area

## Primary focus of your project/programme

**What are the primary areas of focus for this project/program? ***

No more than 5 choices may be selected.
You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

**Who are the primary beneficiaries of this project/program? ***

No more than 5 choices may be selected.
Please choose only the group/s that are at the very core of this project/program

## Project/Programme details

* indicates a required field

### New Section

**Project/Programme title** *

Provide a name for your project/programme/initiative. Your title should be short but descriptive

**Please provide a short summary of your project/programme.** *

Provide a short description of your project - what are you out to do?

**What is the need and how do you aim to address it? How many people are impacted by your project/programme?*** *

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the Funding Centre's Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu2 if you need some ideas about how to frame your response.

**What does success look like for your project/programme?** *

Success factors are the changes you expect to occur for the beneficiaries of your initiative. If you need more help understanding what outcomes are, read the materials at: https://ourcommunity.com.au/evaluation

**Does this project/programme have community support? In particular, do the communities affected by this project/programme support the activities you are proposing?** *

○ Yes ○ No ○ Don't know

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

**How did you engage with the community?**

**Please upload letters of support if available**
Attach a file:

A maximum of 5 files can be attached

## Impact in the Waikato region

**Is your organisation part of a national organisation?** *
○ Yes ○ No

**Please detail your impact in the Waikato region.** *

Provide actual numbers, statistics/evidence (if available) of your reach and impact within the region. Detail other organsiations you collaborate with in the Waikato.

# Financial and Supporting information

* indicates a required field

**Please attach a copy of your most recent Annual Financial Accounts.**

**Upload files** *
Attach a file:

If your organisation does not have Annual Accounts available please provide current financial information.

## Upload supporting documents

**Applicant Bank Account** *

PLEASE ENSURE THIS IS A NUMBER

**Bank account - Copy of bank deposit slip/recent bank statement/bank verification document** * *
Attach a file:

Bank Account Verification: We use Eftsure to independently verify bank account details before any grant payments are made. If your bank account has not been verified previously, Eftsure will contact you by email to complete a simple verification process.

**Budget - Please upload budget - Should include other funding applied for if applicable and whether it has been confirmed**
Attach a file:

**Any other supporting documents**
Attach a file:

A maximum of 5 files can be chosen

## Certification and Feedback

* indicates a required field

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the grant advice letter.**

**I agree** *
○ Yes ○ No

**Name of authorised person** *
First Name Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position** *

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number** *

We may contact you to verify that this application is authorised by the applicant organisation

**Contact email address** *

**Date** *

Must be a date.

## Applicant feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**Please indicate how easy you found the online application process:** *

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

**How many minutes in total did it take you to complete this application?** *

Must be a number.
Estimate in minutes i.e. 1 hour = 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

## Your requested amount is above the Stockmans grant threshold.

Please contact us if you wish to discuss the application process:

admin@bryanttrust.co.nz