Community Funding Program 2023-2024



Applicant Details	
Contact Person	
Organisation Name	
Postal Address	
Phone Number – Business H	lours
Email	
Signature	
Event/Project Details	
Start Date	Completion Date
Number of Staff/Volunteers	Number of Patrons
Description of Event/Project	t
Amount of funding of	
Amount of funding so	ought in this application
In kind Services	\$
Have you attached th	nese documents with your application?
Copy of Certificate	of Currency (with LPSC listed as a party of interest)
Proof of not-for-pro	
	inisation's financial statements applying for equipment or capital works
AUTHORISATION	
I certify that the informa	ation given in this document is true and accurate.
Name	
Organisation	
Position	Date



NCOME	
TOTAL INCO	MF
EXPENSES	
TOTAL EXPE	NSES
SURPLUS (DEI	



Event/Project Objectives

What benefits does this event/project bring to the community?

How will the event/project be promoted?

Please outline how you will acknowledge Liverpool Plains Shire Council's support?

How will you measure, evaluate and report the event/project's success?