# COMMUNITY FUNDING PROGRAM

**Application Form 2024-2025**

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| **Applicant Details** | |
| **Group/Organisation:** |  |
| **Contact Person:** |  |
| **Postal Address:** |  |
| **Phone Number:** |  |
| **Email Address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Event/Project Details** | | | |
| **Start Date** |  | **Completion Date** |  |
| **Number of Staff/Volunteers** |  | **Number of Patrons** |  |
| **Description of Event/Project** |  | | |
| **Requested funding amount up to $2000** | **$** | | |

**Documentation to be attached with your application**

* Proof of not-for-profit status
* Copies of your organisation’s financial statements
* Copies of quotes if applying for equipment or capital works
* Copy of Public Liability Insurance Certificate of Currency

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| **Authorisation** | | | |
| **I certify that the information given in this document is true and accurate.** | | | |
| **Name** |  | | |
| **Organisation** |  | | |
| **Position** |  | **Date** |  |
| **Signature** |  | | |

|  |  |
| --- | --- |
| **Event Budget** | |
| **INCOME** | **Total** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL INCOME** | **$** |
| **EXPENDITURE** |  |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL EXPENDITURE** | **$** |
|  | |
| **SURPLUS (DEFICIT)** | **$** |

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| **Event/Project Objectives** |
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| **What benefits does this event/project bring to the community?** |
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| **How will the event/project be promoted?** |
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| **Please outline how you will acknowledge Liverpool Plains Shire Council’s support** |
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| **How will you measure, evaluate and report the event/project’s success?** |
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| **How will your event/project demonstrate inclusive practices as per the Liverpool Plains Shire Council Inclusion Plan 2024-2026?** |
|  |

*Please return completed application and all necessary documentation via email to:*

[**council@liverpoolplains.nsw.gov.au**](mailto:council@liverpoolplains.nsw.gov.au)

*If email is unavailable, please return completed application and all necessary documentation via post to:*

***Liverpool Plains Shire Council Community Funding Program PO Box 152***

***QUIRINDI NSW 2343***

**PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE**

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Information provided to Council may be used in conjunction with any of Council’s business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.