

BULOKE SHIRE COUNCIL	Office Use Only Records Department	File No:		Document No:			
APPLICANT DETAILS:							
Your organisation or name:							
Project nam	ie:						
Project loca	tion:						
STATEMEN	T OF SUPPORT:						
					supports this project		
In addition v	we will also provide:						
🗌 In-kind s	upport	Estimated value:	\$				
🗌 Financia	l support	Amount:	\$				
Are there any conditions or requirements attached to this support? (e.g. subject to future budget approvals)							
What will be the timing of any in-kind or cash contributions? (e.g. attached to project milestones or split payments)							
Why are yo	u supporting this pro	iject? How will you	and/or your organisation	benefit from the pro	ject?		

**Additional Comments** 

## AUTHORISATION

I am authorised to complete this document on behalf of	
Signature:	Name:
Position:	
Phone:	
Email:	