



CITY OF LIBERTY HILL
LIBERTY HILL COMMUNITY SUPPORT FUNDING
APPLICATION 2023

ORGANIZATION INFORMATION

Official Name of Organization _____ Date _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ E-mail _____

Phone Number _____ Fax Number _____

Federal ID # _____ State ID # _____

\$ _____
Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amount Requested: \$ _____ Amount Funded: \$ _____

Provide a brief summary of your organization and the program you are requesting funds for:

Describe the results you have experienced with this program and include statistics of how this benefited the community of Liberty Hill:

Specify how the funds will be used for the program and how the program services benefit the City of Liberty Hill community:



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If Requesting a larger funding amount than last year, what specifically will you spend the increase on:

Describe how you will track the number of City of Liberty Hill citizens benefited by the program and provide the number of City of Liberty Hill citizens who received your services in the last 12 months.

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Liberty Hill must be expended as I have represented in this application and according to any requirements set by the City of Liberty Hill City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Liberty Hill within ten (10) days from the date the City of Liberty Hill demands such.

Printed Name

Date

Authorized Signature for the Applicant

Title

City of Liberty Hill-Finance Department Use Only
<input type="checkbox"/> Verified current 501(c)3 Status
<input type="checkbox"/> Good standing on contract reporting requirements