

## Please write clearly using black pen as this form will be photocopied

| Applicant's Name:               |      |        |          |
|---------------------------------|------|--------|----------|
| Contact Person:                 |      |        |          |
| Physical Address:               |      |        |          |
| Phone:                          |      | Email: |          |
| Mobile Phone:                   |      | Fax:   |          |
| Project Location:               |      |        |          |
| Project Proposed Starting Date: |      |        |          |
| Your Bank Payment Details:      | BSB: |        | Account: |

Amount of funding being requested (max. \$1,000 unless seeking special consideration):

Reason for Application (attach additional pages if required):



## **Anticipated Outcomes/Benefits:**

(Attach additional pages if required)

## ATTACH QUOTES AND CORRESPONDING BANK DETAILS FOR DIRECT PAYMENT

Project Cost: Inc. GST

| Labour:                                                                         |                        | \$ |  |
|---------------------------------------------------------------------------------|------------------------|----|--|
| Materials:                                                                      |                        | \$ |  |
| Equipment:                                                                      |                        | \$ |  |
|                                                                                 | Total of Project Costs | \$ |  |
| Grants: Applied or Applying for:                                                | \$                     |    |  |
| Your Contributions:                                                             | Hours (or)             | \$ |  |
| Volunteer Contributions:                                                        | Hours (or)             | \$ |  |
|                                                                                 | Total                  | \$ |  |
| Project Cost:                                                                   |                        | \$ |  |
| Tilt Renewables & Salt Creek Lend a Hand Founda                                 | \$                     |    |  |
| I certify that the information concerning this application is true and correct. |                        |    |  |

Signed:

Full Name:

Date:

| For office use      | Cheque No. |
|---------------------|------------|
| Cheque made out to  | \$         |
| Cheques made out to | \$         |

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Please retain a copy for your records and email or send the original application form to:

Tilt Renewables – Salt Creek Lend A Hand Foundation

ADDRESS: C/- 1619 Woodcutters Lane, WOORNDOO 3272 | Telephone: 1800 122 823 |

EMAIL: SCWFcommunityfund@tiltrenewables.com