

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