

## **Lend A Hand Foundation**

## **Application for Support**

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

Applicants Name:		
Contact Person:		
Physical Address:		
Phone:	Email:	
Mobile Phone:	Fax:	
Project Location:		
Project Proposed Starting Date:		
Your Bank Payment Details: B	SSB: Account:	
Reason for Application (attach additional pages	s if required):	





nticipated Outcomes			
ttach additional pages if require	a)		
ATTACH QUO	OTES AND THE	R BANK DETAILS FOR DIRECT PAY	MENT
roject Cost: Inc. GST  Labour:		1	<u> </u>
Materials:			\$
Equipment:			\$
		Total of Project Costs	\$
Grants: Applied or Applying	for:	\$	Ψ
Your Contributions:		Hours (or)	\$
Volunteer Contributions:		Hours (or)	\$
		Total	\$
Project Cost:		iotai	\$
Tilt Renewables & Snowtown Lend a Hand Found		ndation Grant Payment Committee Use	\$
I Certify that the information of			Ψ
		Shoution is the and correct.	
Signed:		Full Name:	
Date:			
		_	
For office use	Cheque No.		
Cheque made out to	\$		
Cheques made out to	\$		
Pate Received:		Date Approved:	
Committee Member:			
lease retain a copy for your r	ecords and send th	he original application form to:	
ilt Renewables & Palisade In	tegrated Manager	ment Services – Snowtown Lend A Hand F	oundation

8 Ninth Street, Snowtown 5520 | Telephone: 0402 868 478 (Alan) | 0412 856 827 (Ros)