



Snowtown Wind Farm II

Anticipated Outcomes/Benefits:

(attach additional pages if required)

ATTACH QUOTES AND THEIR 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 & Snowtown Lend a Hand Foundation Grant Payment Committee Use		\$
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 send the original application form to:

Tilt Renewables & Palisade Integrated Management Services – Snowtown Lend A Hand Foundation

8 Ninth Street, Snowtown 5520 | Telephone: 08 8865 2287 | Fax Phone: 08 8865 2142