**Lend A Hand Foundation**

Application for Support

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

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| **Applicants Name:** |  |
| **Contact Person:** |  |
| **Physical Address:** |  |
| **Phone:** | **Email:** |  |
| **Mobile Phone:** | **Fax:** |  |
| **Project Location:** |  |
| **Project Proposed Starting Date:** |  |
| **Your Bank Payment Details: BSB:** |  **Account:** |
| **Reason for Application (attach additional pages if required):** |
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**Anticipated Outcomes/Benefits:**

(attach additional pages if required)

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**ATTACH QUOTES AND THEIR BANK DETAILS FOR DIRECT PAYMENT**

Project Cost: Inc. GST

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| --- | --- | --- |
| **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**