

## **Dundonnell Wind Farm Education Fund**

## **Application for Support**

Please write clearly using black pen if completing by hand. **Individual or Organisation Name: Contact Person (if organisation): Physical Address:** Phone: Email: **Mobile Phone:** Fax: Training / Initiative Location/s: **Training / Initiative Start Date: Proposed Finishing Date:** Amount of funding being requested (max. \$15,000): Your Bank Payment Details: **BSB**: Account: Reason for Application (attach additional pages if required):



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ATTACILO	OCT DDEAKD	OMAN AND OHOTEC (if applicable	- \
Project Cost: Inc. GST	USI BREAKD	OWN AND QUOTES (if applicable	∌)
Program or Course cost:			\$
Equipment (if applicable):			\$
		Total of Project Costs	\$
Other Grants: Applied or Applying	for (if any):	\$	
Your Contributions:		Hours (or)	\$
Volunteer Contributions (if any):		Hours (or)	\$
		Total	\$
<b>Total Cost of Education Training</b>	/ Initiative:		\$
Grant Payment – DDWF Community Fund Commit		ee Use	\$
I Certify that the information concer guidelines.	ning this applicat	ion is true and correct and in-line with	the application
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	s and send the of	iginai application form to:	

Tilt Renewables – Dundonnell Wind Farm Community and Education Fund

Email: <u>DDWFcommunityfund@tiltrenewables.com</u> or post: GPO Box 16080, Collins Street West, Melbourne 8007

PH: 1800 WE TILT (938 458)