

Instructions for completing form: From the menu select File, Save As. Name the file. Complete the form and send.

Note: All applications must be received no later than August 10, 2018

ALL FIELDS MUST BE COMPLETE

TO BE FILLED OUT BY AGENCY OR DEPARTMENT			
UNIT INFORMATION			
NAME OF AGENCY OR DEPARTMENT		VOLUNTEER DEPARTMENT? (Select One Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT NAME	TELEPHONE NUMBER	EMAIL	
ADDRESS			
CITY	STATE	COUNTY	ZIP OR POSTAL CODE

Please attach a copy of your agency or department W9 for accounting purposes.
In the event your department is not selected for a grant, the W9 will be destroyed.

501(c)(3) STATUS	
<i>These questions are for internal use only, and will not affect your eligibility for a grant.</i>	
IS YOUR UNIT A GOVERNMENT OR NON-GOVERNMENT ENTITY? (Select One Only) <input type="checkbox"/> Government Entity <input type="checkbox"/> Non-Government Entity	IF NON-GOVERNMENT, HAS YOUR DEPARTMENT APPLIED FOR 501(c)(3) STATUS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable IF YES, PLEASE ATTACH A COPY OF YOUR CURRENT 501 (c)(3) LETTER

ADDITIONAL INFORMATION		
TOTAL ANNUAL BUDGET	POPULATION SITE SERVICED	TOTAL NUMBER OF PERSONNEL
LIKELIHOOD TO RESPOND TO AN FHR EMERGENCY	PERCENTAGE OF PERSONNEL PAID VS. VOLUNTEER Paid: Volunteer:	
PLEASE LET US KNOW WHAT TYPE OF EQUIPMENT YOUR DEPARTMENT HAS AND ITS AGE:		

DESCRIPTION OF NEED (Not more than 300 words - attach sheets as needed)

WHAT MATERIALS / SERVICES ARE NEEDED AND WHY? (Try to be specific as possible)

HOW WILL THE GRANT INCREASE THE UNIT'S ABILITY TO SERVE THE COMMUNITY AND/OR PROTECT YOUR PERSONNEL?

COMMUNITY INVOLVEMENT (Not more than 100 words - attach sheets as needed)

HOW LONG HAS THE UNIT BEEN IN OPERATION?

ABOUT HOW MANY PEOPLE/HOUSEHOLDS DOES IT SERVE?

WHAT PERCENTAGE OF YOUR CALL VOLUME IS FIRE RELATED, EMS RELATED OR OTHER:

FIRE: EMS: OTHER:

SERVICES PERFORMED:

SPECIAL CONSIDERATIONS

OTHER INFORMATION THAT WILL ADD TO THE JUDGES' UNDERSTANDING OF YOUR DEPARTMENT'S NEEDS: (Not more than 100 words. Please attach additional information if necessary or desired.)

Entry forms and attachments may be in written, typed or printed hard copy. No videos, recordings, computer discs or CD's please. Photographs, renderings or drawings and images may be attached but will not be returned. Maximum dimensions of submission sheet should be 8.5' x 11" (flat or folded).

All materials to be considered must be capable of being photocopied. Please do not include covers or binding.

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Questions? Contact Bea Glover at (361) 242-8534 or bea.glover@kochps.com

Submit Application to:

Helping Heroes 2018

Attn: Bea Glover

P.O. BOX 2608

Corpus Christi, Texas 78403

Or email bea.glover@kochps.com

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