Helping HEROES

FLINT HILLS RESOURCES HELPING HEROES
GRANT PROGRAM APPLICATION

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

Complete the form and email to Bea.Glover@kochps.com.

ALL FIELDS MUST BE COMPLETE

TO BE FILLED OUT BY AGENCY OR DEPARTMENT

CONTACT INFORMATION

NAME OF AGENCY OR DEPARTMENT	VOLUNTEER DEPARTMENT? (Select One Only) ❑ Yes ❑ No

CONTACT NAME	TELEPHONE NUMBER	EMAIL

PHYSICAL ADDRESS			
CITY	STATE	COUNTY	ZIP OR POSTAL CODE

ORGANIZATION INFORMATION

IS YOUR UNIT A GOVERNMENT OR NON-GOVERNMENT ENTITY? ❑ Government Entity ❑ Non-Government Entity	IF NON-GOVERNMENT, IS YOUR DEPARTMENT A 501(c)(3)? ❑ Yes ❑ No ❑ Not Applicable
TOTAL NUMBER OF DEPARTMENT PERSONEL:	PERCENTAGE OF PERSONNEL PAID VS. VOLUNTEER PAID: VOLUNTEER:

BRIEF DESCRIPTION OF REQUEST

ESTIMATED COST OF REQUEST:
BRIEF EXPLATION OF THE TRAINING OR EQUIPMENT REQUEST:

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