**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@fhr.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:** |