**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

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| **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** |

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|  **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:** |

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|  **BRIEF DESCRIPTION OF REQUEST**  |
| **ESTIMATED COST OF REQUEST:**  |
| **BRIEF EXPLATION OF THE TRAINING OR EQUIPMENT REQUEST:**  |