**Kansas Pipeline Association**

**Grant Application**

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| --- | --- |
| Agency / Organization Name: |  |
| Contact Name: |  | Title/Position: |  |
| Phone: |  | Email: |  |
| Address: |  |
| Agency Type or Description of Organization: |  |
| Are you a non-profit organization? | Yes ☐ No ☐ |
| Amount of funds requested?  |  |
| How would the funding be used? |  |
| If purchasing equipment, please list each item individually and the associated cost. Note: If there’s not enough space, please attach the list to this application. |
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| Could the items purchased be used to assist in a pipeline emergency? | Yes ☐ No ☐ |
| List all of the communities that would benefit from this grant. |  |
| Note: A community may be a region such as a county, a township, unincorporated area, homeowners association, fire district or an area within a fire district. |
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| If a Fire District, what is the approximate size of the Districts primary response area in square miles? |
|  |
| Are you aware of any pipelines operating within your response area? | Yes ☐ No ☐ |
| If so, which pipeline companies? |  |
| Has anyone in the agency or organization attended a KPA Pipeline Safety Training? | Yes ☐ | No ☐ |
| How did the agency / organization learn about KPA and/or this grant application? |
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|  |

***ELIGIBILITY: Applying agency must have attended a KPA CORE Meeting during the current year and completed a Capabilities Survey in the past year.***

***Grants are reviewed and approved during April / May of current year.***

*All of the above information is true and accurate to the best of my knowledge and by my signature.*

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| --- | --- | --- |
|  |  |  |
| Print Name | Signature | Date |

Remittance:

Please return the application and any supporting materials to: Kansas Pipeline Association, Attn: Grant Application Committee, PO Box 9123, Wichita, KS 67277 or via email to kpa@pdigm.com

This application can also be found online at: [www.kpa-awareness.com](http://www.kpa-awareness.com).

KPA Use Only:

|  |  |  |
| --- | --- | --- |
| Verify Attended KPA Meeting |  Yes ☐ No ☐ |  |
| If Yes, Date & Location? |  |
| Approval of:  | Items -  |  |
|  | Total $ -  |  |

Capabilities Survey Completed Yes ☐ No ☐