Kansas Pipeline Association Grant Application

Agency / Organization Name:	
Contact Name: 1	itle/Position:
	Email:
Address:	County:
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 you plan to purchase equipment, please list each i need more space, please attach a list to this applica	tem individually and the associated cost. Note: If you cion.
Could the items purchased be used to assist in a pip	eline emergency? Yes □ No □
List all the communities who would benefit from this	grant.
Note: A community may be a region such as a count association, fire district or an area within a fire district	
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 area?	response Yes □ No □
If so, which pipeline companies?	

Has anyone in the	e agency / organ	ization attend	ed a KPA Pipeline	e Safety Training?	Yes □	No □		
If Yes, name of person attended and what date or location?								
How did the agen	ıcy / organizatior	ı learn about k	KPA and/or this gr	ant application?				
ELIGIBILITY: Applying agency / organization must have attended a KPA CORE Meeting during the current year and have a current Capabilities Survey on file.								
DEADLINE: M	lay 31							
Grants are reviewed during 3 rd quarter of the current year.								
All of the above information is true and accurate to the best of my knowledge and by my signature.								
				, ,	, , ,			
Prir	nt Name		Signature		Date			
.								
Remittance	: Please return	the applicat	ion and any sup	porting materials to	D:			
kpa@pdigm.co	<u>om</u>							
or mail to:								
Kansas Pipelin Attn: Grant Ap PO Box 9123 Wichita, KS 6	plication Comm	nittee						
KPA Use Only:								
Verify Attended KF	PA Meetina	Yes □	No □					
If Yes, Date & Loca	-							
Approval of:	Items -							
	Total \$ -							

Capabilities Survey Completed

Yes □ No □