



Has anyone in the agency / organization attended a KPA Pipeline Safety Training? Yes ☐ No ☐

If Yes, name of person attended and what date or location? \_\_\_\_\_

How did the agency / organization learn about KPA and/or this grant 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: May 31***

***Grants are reviewed during 3<sup>rd</sup> quarter of the current year.***

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

_____	_____	_____
Print Name	Signature	Date

**Remittance:** Please return the application and any supporting materials to:

[kpa@pdigm.com](mailto:kpa@pdigm.com)

or mail to:

Kansas Pipeline Association  
Attn: Grant Application Committee  
PO Box 9123  
Wichita, KS 67277

KPA Use Only:

Verify Attended KPA Meeting Yes ☐ No ☐

If Yes, Date & Location? \_\_\_\_\_

Approval of: Items - \_\_\_\_\_

Total \$ - \_\_\_\_\_

Capabilities Survey Completed Yes ☐ No ☐