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|  | Shell Permian Community Grant Application |
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## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Name of Organization |  |  |  | Date |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | Email |  |

Organization’s Mission:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Person |  | Phone |  | Email |  |

|  |  |
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## Donation Request Information

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| --- |
| **What PRODUCT or SERVICE can we purchase for you? (we are unable to make check/cash donations and are limited to in-kind sponsorships).** |
|  |
| **What is the approximate dollar value of this product or service?** |
|  |
| **Who will this donation help?** |
|  |
| **What kind of recognition will Shell receive as a donor?** |
|  |

## Board of Directors Information

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| --- | --- | --- |
| **NAME** | **PLACE OF EMPLOYMENT** | **JOB TITLE** |
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## Signature of Authorized Organization Representative

I certify that this information is true and complete to the best of my knowledge.

I realize that an application does not guarantee funding and that upon review of my application by Shell; I will be notified of the outcome.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |