



Organization Information

Name	<input type="text"/>	Contact Name	<input type="text"/>	
Address	<input type="text"/>	Title	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	
	Zip Code	<input type="text"/>	Phone Number	<input type="text"/>
Tax ID #	<input type="text"/>	Email	<input type="text"/>	
Date	<input type="text"/>	Website	<input type="text"/>	

In the space below, provide a brief description of your organization's history and mission.

Please list any Fluor employees who currently serve on your Board or are actively involved with your organization.

Request Information

Program to be Funded	<input type="text"/>				
Program/Project/Event Start Date	<input type="text"/>	End Date	<input type="text"/>	Amount of Request	<input type="text"/>

Please choose the focus area of your program:

Education Social Service Community/Economic Development Environment Other

If other, please explain:

In the space below, provide a brief description of the program including the overall strategy and goals.



Describe the targeted population for this request? (e.g., minority, women, veterans, youth, etc.)

Population Served

General Population *(Use whole numbers only)*

Children of Military Families _____%	Students _____%
Disabled _____%	Teachers _____%
Disadvantaged _____%	Veterans _____%
Disaster Victims _____%	Unspecified / Other _____%
Homeless _____%	

Gender

Female _____%
Male _____%
Unspecified / Other _____%

Age Group

Adults _____%	Youth _____%
Seniors _____%	All Age Groups _____%

Ethnicity (select no more than 5)

American Indian or Alaska Native _____%	Native Hawaiian or Other Pacific Islander _____%
Black or African American _____%	White _____%
Hispanic or Latino _____%	All Ethnicities _____%
Minority – Non-Specific _____%	

Measurable Outcomes/Impact

What goals and objectives have you outlined for this program/event? Describe the anticipated short-term and long-term impact (value or benefit) of the program on the targeted population, your organization and the community.

How will your organization determine if the program/event has met its stated goals and objectives?



As a direct result of Fluor's grant, how many people will be served or impacted, how many classes and/or events will be offered, how many hours of service will be delivered, etc.? (Overall program outcomes may differ from those achieved as a direct result of Fluor's grant.)

Budget

What is your organization's operating budget?

What is the budget for this specific program?

How will Fluor's funding be used?

List other major financial contributors to the organization or program.

Recognition

Please list the ways your organization plans to recognize or publicize Fluor's grant.

Volunteer

Does your organization offer volunteer opportunities?

Yes

No

If yes, please describe those opportunities in the space provided below.

History

Have you applied for a grant or volunteer project from Fluor in the past?

Yes

No

If yes, did you receive the grant?

Yes

No

If yes, what year was the grant received?



Required Documentation

- Copy of the current IRS determination letter indicating 501(c)(3) tax-exempt status
- Copy of audited financial statements
- Your organization's most recent annual operating budget
- Copy of IRS W-9 form signed and dated with current year

Submission of this Grant Request and the foregoing documentation does not guarantee approval of the request. Fluor reserves the right to award less than the amount requested.

- By checking this box I, as a representative of the organization listed above, certify that I have the authority to submit this Grant Request.

Contact Information

Please submit your application to GolfForGreenville@fluor.com.

Please direct any questions to:

Cheryl Wiggins or Donna Stroud
864.281.6382 864.281.5164

INTERNAL USE ONLY

Project Title

Project Description (*This will print on the check and transmittal letter*): Contribution from the current year budget for

Forward Check to:

CC on Transmittal:

Special Instructions (i.e., Who the check should be made out to, etc.):

Payment Amount



Program Area

Community/Economic Development

Community Facilities: New _____%
Community Facilities: Refurbished _____%
Disaster Relief _____%
Economic/Business Development _____%
Housing: New _____%
Housing: Refurbished _____%
Services (Emergency Preparedness) _____%
Workforce Development & Trng: Literacy (Adult) _____%
Workforce Development & Trng: General _____%
Youth Development: After School Program: General _____%
Youth Development: Youth Development: Other _____%
Youth Development: STEM _____%

Environment

Conservation _____%
Environmental Education _____%
Restoration/Beautification _____%

Arts & Culture

Art Fund or Council _____%
Arts & Culture Related Organization _____%
Education Outreach _____%
Library _____%
Museum _____%
Performing Arts _____%
Public Television/Radio _____%
Sports & Recreation _____%
Zoo _____%

Education

Non-STEM: Primary (ages 5 to 10) _____%
Non-STEM: Secondary (ages 11 to 13) _____%
Non-STEM: High School (ages 14 to 18) _____%
Non-STEM: Cmnty College/Technical School _____%
Non-STEM: University _____%
Non-STEM: Career Programs _____%
Non-STEM: Student Associations _____%
Non-STEM: Other _____%
STEM: Primary (ages 5 to 10) _____%
STEM: Secondary (ages 11 to 13) _____%
STEM: High School (ages 14 to 18) _____%
STEM: Cmnty College/Technical School _____%
STEM: University _____%
STEM: Career Programs _____%
STEM: Student Associations _____%
STEM: Other _____%

Social Services

Counseling _____%
Emergency/Temporary Shelter _____%
Employee Giving Campaign/United Way _____%
Health: General _____%
Health: Health Education _____%
Health: Hospital Services _____%
Human Services Programs _____%
Orphan Programs _____%
Prevention Program _____%
Providing Food/Nutrition _____%

Public/Civic Affairs

Justice and Law: Ethics _____%
Justice and Law: Other _____%
Public Policy/Advocacy _____%
Public/Civic Affairs Related Organization _____%
Volunteerism _____%



Type of Support

Assets/Equipment _____%
Capital Campaign _____%
Curriculum Development _____%
General Operating Support _____%

Program/Project Support _____%
Research _____%
Scholarships _____%
Teacher Training & Development _____%

Population Served

General Population

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Geo Area Served*
*Must provide Country,
State/Province/
Territory and City