



Community Partner Application

Hope Gas strives to be a good neighbor and takes pride in partnering with our communities. We offer support both financially and in the form of volunteer hours to eligible 501c3 and 501c6 nonprofit organizations. We also support accredited K-12 schools and higher education institutions located in the geographical areas we serve. Some volunteer fire department grant requests may also be considered.

Please complete the application and return to Christine Mitchell at christine.mitchell@hopegas.com. Please call 304-812-2394 with any questions or assistance needed in completing the application. **You must also submit a copy of your IRS determination letter and W-9 with this application.**

Contact Information

Name: _____

Position or Title: _____

Mailing Address: _____

Physical Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Fax: _____

E-mail Address: _____

Contact Type (circle one):

- Board Member\Trustee
- Chair
- Co-Chair
- Consultant
- Employee
- Event Coordinator
- Executive Director
- Foundation Executive
- General
- Other
- Payee
- President
- Primary Contact
- Sponsor

Organization Information

Legal Name: _____

AKA Name: _____

Mailing Address: _____



Community Partner Application

Physical Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Fax: _____

E-mail Address: _____

Website Address (if available): _____

Year Founded: _____

Mission Statement: _____

Organization Detail

Organization Type (circle one):

- Arts and Culture
- Environment
- Education
- United Way
- Health and Human Services
- Other
- Community Development

Organization Executive Director: _____

Current Annual Operating Budget: _____

- **Please attach a copy of your latest IRS determination letter indicating your 501(c)3 or 501(c)6 status and your W-9.**

Request Information

*Non-Discrimination Certification

Applicant organization certifies that it does not discriminate against any person or group on the basis of race, color, ancestry, sex, gender, religion, national origin, age, actual or perceived physical or mental disability, medical condition, genetic information, sexual orientation, gender identity or expression, military or veteran status, marital status, status as a victim of domestic violence or any other classification protected by law.



Community Partner Application

To certify that you agree with this statement, select YES or NO and sign: _____.

Project or Program Title: _____

Project Description: _____

Project Funding Detail

• Briefly describe how the funds will be used to support the project or program mentioned in the sections above; you may also attach a separate document outlining project budget:

Requested Cash Amount: _____

Project/Program or Campaign Start Date: _____

Project/Program or Campaign End Date: _____

Projected Total Campaign or Project/Program Cost: _____



Community Partner Application

List of Other Sources of Financial Support (you may also attach a separate document showing other sources):

Projected WV Counties to be Served (circle counties impacted by grant):

- All West Virginia Counties
- Barbour
- Berkeley
- Boone
- Braxton
- Brooke
- Cabell
- Calhoun
- Clay
- Doddridge
- Fayette
- Gilmer
- Grant
- Greenbrier
- Hampshire
- Hancock
- Hardy
- Harrison
- Jackson
- Jefferson
- Kanawha
- Lewis
- Lincoln
- Logan
- Marion
- Marshall
- Mason
- Mercer
- Mineral
- Mingo
- Monongalia
- Monroe
- Morgan
- McDowell
- Nicholas
- Ohio
- Pendleton
- Pleasants
- Pocahontas
- Preston
- Putnam
- Raleigh
- Randolph
- Ritchie
- Roane
- Summers
- Taylor
- Tucker
- Tyler
- Upshur
- Wayne
- Webster
- Wetzel
- Wirt
- Wood
- Wyoming

Audience Served (circle all those impacted by project):

- Disabled
- Elderly
- Low-income
- Veterans
- Minority
- Women
- Youth
- General Audience



Community Partner Application

Ethnicities Served (circle all those impacted by project):

- African American
- Asian
- Caucasian
- Latino / Hispanic
- Native American
- Other Ethnicities: _____
- General Population

Projected Number of Adults Impacted: _____

Projected Number of Children Impacted: _____

Board Members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Referred By: _____

Disclosure Obligations

The following questions are relevant to Hope Gas’s disclosure obligations under the U.S. Lobbying Disclosure Act of 1995, as amended. For purposes of these questions, the term "federal government officials" includes, but is not limited to, members of Congress, Congressional staff and Executive Branch officials.

Federal Government Officials

- Are any of your organization's founders, board members, principals or executive officers federal government officials?

(Yes/No)

- Is your organization named for a federal government official?

(Yes/No)



Community Partner Application

- Is this transaction being undertaken in recognition of a federal government official or in response to a request or instruction from a federal government official?

(Yes/No)

- Is this transaction to support an event at which a federal government official will be a speaker or listed in the program?

(Yes/No)

- Is the transaction to support a Presidential library foundation or Presidential inaugural committee?

(Yes/No)

- Did you answer "Yes" to any of the above questions?

(Yes/No)

- If the answer to any of these questions is "yes," please identify by name and position the federal government officials involved and describe their participation in your organization or the transaction or event that is the subject of your application.

If the answer to all these questions is "no," please type N/A or Not Applicable.
