

*This document is a pdf of the grant application available on Fluor.com. It is recommended that you create your application responses in a separate platform and copy and paste them into the online application. For security reasons, the grant application system will time out after 15 minutes of inactivity. A warning at the 12 minute mark will appear.*



Organization Information

\* Legal name of organization: ⓘ

List your organization's name as associated with the specific tax ID in the IRS database.

DBA name:

If you have a different name under which you operate (also known as [aka] or doing business as [dba] name) list it here.

Has your organization recently changed its legal name? If so, check the box below:

\* Mailing Address:

\* City:

\* State:

\* Zip:

\* Main phone number:

Extension:

Website:

If your organization has had an address change in the past 12 months, please check the box below:

\* Tax ID or Federal EIN:

\* Fiscal Year Starting Date: ⓘ

Year organization was founded:

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\* Required before final submission

Organization Detail

\* What does your organization do?

We are looking for a brief description of your organization that is not just a repeat of your mission statement. This would be the "elevator speech" you give to someone who knows nothing about your organization.

Word count 0 of 250

\* Briefly describe your organization's main programs and services.

Word count 0 of 450

\* Briefly describe the challenges and opportunities facing your organization.

We are looking for examples of challenges you and your community are currently responding to and potential threats you've identified, programs and services you offer to address those challenges and details on your 3-5 year plans to either maintain current operations or grow/expand.

Word count 0 of 300

\* Major financial contributors:

Please list other major financial contributors to the organization.

Financial notes:

If your organization has had a net loss in the past three years or has negative assets, please explain and discuss how you are addressing this. If there have been large variances in revenue and expenses over the last three years or in the year-to-date, please explain. Please use this space to add any other comments on your finances.

Word count 0 of 250

\* Required before final submission

Executive Director / CEO (this is the organization's primary contact)

\* Prefix  \* First Name  \* Last Name  Suffix

\* Title  \* Office Phone  Extension

\* E-mail

Program/Project Director (this is the primary request contact)

Same as Organization Primary Contact

\* Prefix  \* First name  \* Last name  Suffix

\* Title  \* Office Phone  Extension

\* E-mail

Contact for questions on this grant application, only if different than above (otherwise leave blank)


Prefix  First name  Last name  Suffix

Title  Office Phone  Extension

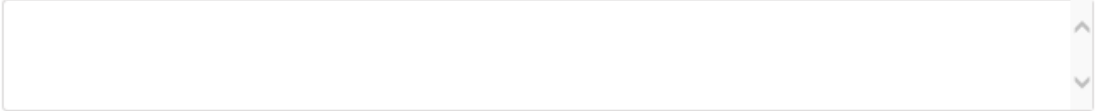
E-mail

\* Required before final submission

**Request Information**


\* **Date of application**  
8/12/2019 


\* **Project Description**  
*Please provide a detailed description of the program for which you are seeing funding from Fluor.*





Word count 0 of 500


\* **Program / Project Title**

\* **Type of Request**   
*Select the most appropriate request type from the drop-down*


- Select One - 

\* **Amount of this grant request**   
*Decimals will not be displayed*


**Program / Project Budget:**   
*If requesting operating support, leave blank*

\* **Total organizational budget**   
*For the current year*


\* **Grant would cover period beginning:**



\* **Grant would cover period ending:**



\* **Budget Narrative**  
*Please explain what the numbers in the "Program / Project Budget" referenced above represent and how you arrived at them. Include an explanation of any major changes from the prior year. On the attachments page you will be asked to upload the program / project budget. If you are seeking operating support, respond "N/A" for this question.*



Word count 0 of 350

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\* Required before final submission

Request Narratives


\* Overall Program Goals and Objectives

*Describe the anticipated short-term and long-term impact (value or benefit) of the program on the targeted population, your organization and the community.*

\* Describe the results and accomplishments from the past fiscal year that demonstrate your organization's impact in the community:  
*If you are seeking support for a specific program/project, please use this section to illustrate that particular program's past success and impact. Note that under the "Program Impact" tab you will be asked to describe the specific outcomes and impact you are targeted for the program for which you seek funding.*



Word count 0 of 250

\* Describe your participants or clients: 

*Describe your participant/client demographics such as age, race, ethnicity, income level and other distinguishing characteristics of those you serve. Include details on challenges your participants/clients face and how a typical participant progresses through your services or programs. Note that you will provide demographic data on the next tab.*



Word count 0 of 350

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\* Required before final submission

Project Narratives

\* What specifically will you use the Fluor funds for?  
*Please include details on how your program is structured, program length and collaborations with other community organizations, as applicable.*

[Empty text area with scroll bar and a red checkmark icon on the right]

Word count 0 of 250

\* Key Deliverables and Due Dates  
*Please describe any key deliverables (either from your organization or Fluor) related to the program for which you seek funding and when they will be due. Please note if you are using actual or approximate dates.*

[Empty text area with scroll bar and a red checkmark icon on the right]

Word count 0 of 350

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\* Required before final submission

Request Narratives

Volunteer Opportunities  
*Describe any volunteer opportunities directly related to this program or project that might be available for Fluor employees.*

[Empty text area with scroll bar and a red checkmark icon on the right]

Word count 0 of 150

Fluor Employee Involvement  
*Please list any Fluor employees who currently serve on your board or are involved with your organization..*

[Empty text area]

\* Required before final submission

Demographic Information

Provide as accurate a data as possible for this program based on past data. Make sure that your answers add up to 100%. Where no specific data is available, use the consolidated grouping to respond.

\* Gender

Estimate based on past results. Answers must add up to 100%. Use "Unspecified / Other" for populations for which you are unsure or unable to track.

- Select One -	<input type="checkbox"/>	0 %
- Select One -	<input type="checkbox"/>	0 %
- Select One -	<input type="checkbox"/>	0 %

\* Ethnicity

Estimate based on past results. Answers must add up to 100%. Use "All Ethnicities" for populations for which you are unsure or unable to track.

- Select One -	<input type="checkbox"/>	0 %
- Select One -	<input type="checkbox"/>	0 %
- Select One -	<input type="checkbox"/>	0 %
- Select One -	<input type="checkbox"/>	0 %
- Select One -	<input type="checkbox"/>	0 %
- Select One -	<input type="checkbox"/>	0 %
- Select One -	<input type="checkbox"/>	0 %
- Select One -	<input type="checkbox"/>	0 %

\* Age Group

Estimate based on past results. Answers must add up to 100%. Use "All Age Groups" for populations for which you are unsure or unable to track.

- Select One -	<input type="checkbox"/>	0 %
- Select One -	<input type="checkbox"/>	0 %
- Select One -	<input type="checkbox"/>	0 %
- Select One -	<input type="checkbox"/>	0 %

\* Geographic Area Served by Program

\* Required before final submission


Clients Served and Dosage Data for Funded Program

In addition to program measurement you normally track and report, Fluor asks its grant recipients to provide specific data based on key strategic focus areas. Please complete the fields below to the best of your ability. Click the "i" to the right of each field for additional guidance on how to answer the question.


\* Program Evaluation and Impact Description

Please provide a description of the outcomes and impact the program for which you are seeking funding is designed to achieve. Please include details on evaluation methods and the measurement tools used to assess your impact.

Word count 0 of 450

\* Total Number of Individuals Served in Funding Year (Estimated) 

Provide the total number of unduplicated individuals you anticipate reaching with the program for which you are seeking funding.

\* Number of Individuals Served Directly by Fluor Funding (Estimated) 

This number may be different from "Total Number of Individuals Served" (entered above) if Fluor is only covering a portion of the program costs.

\* Average Client Dosage in Funding Year (Estimated) 

List the average dosage each client is anticipated to receive this year for this program (i.e.# of hours, # of meals, # of days of shelter, etc.). List numbers only (no decimals).

\* Dosage Measurement

For the number entered directly to the left, what unit of measurement is used, such as hours, meals, nights stay at a shelter, etc.



Education, Social Services, Community & Economic Development and Environmental Impact

In the sections below, we drill down further into the data you provided above. Below we ask for details on your impact in one of four specific areas:

- Education
- Social Services
- Community & Economic Development
- Environment

Review each of the below four sections and complete the forecast details for only the metrics that apply most to the grant you are requesting. Please provide answers that reflect the **DIRECT** impact of the grant from Fluor (not the total impact of the program for which you are seeking funding). Note: It is possible that you will not have responses for any of the sections below, in which case you will indicate "No" at the start of each section.

EDUCATION

Fluor believes science, technology, engineering and math (STEM) education is a foundation for student success. We invest in programs that inspire and prepare students to excel in STEM and are committed to developing the next generation workforce. Our target focus includes STEM programs that serve students in Kindergarten through University and the teachers that support them. Please review the metrics below for the specific outputs that Fluor tracks in this category.

\* Is this section applicable to the program for which you seek funding from Fluor?

*If you answer yes, you are required to answer a full row of questions for at least one of the activities in this section.  
If you answer no, please leave the entire Education section blank.*

- Select One -

**Students Receiving STEM Training & Enrichment**

*Provide the total number of students that would receive science, technology, engineering and math (STEM) academic training or enrichment and total number of hours of training/enrichment each student would receive as a direct result of Fluor funding.*

<u># of Elementary Students</u> <input type="text"/>	<u>Student Gender</u> <None> <input type="button" value="v"/>	<u>Avg Hrs Per Elementary Student</u> <input type="text"/>
<u># of Middle School Students</u> <input type="text"/>	<u>Student Gender</u> <None> <input type="button" value="v"/>	<u>Avg Hrs Per Middle Student</u> <input type="text"/>
<u># of High School Students</u> <input type="text"/>	<u>Student Gender</u> <None> <input type="button" value="v"/>	<u>Avg Hrs Per High School Student</u> <input type="text"/>
<u># of University Students</u> <input type="text"/>	<u>Student Gender</u> <None> <input type="button" value="v"/>	<u>Avg Hrs Per University Student</u> <input type="text"/>

**Teachers Receiving STEM Training & Enrichment**

*Provide the total number of teachers that will receive science, technology, engineering and math (STEM) academic training or enrichment and total number of hours of training/enrichment each teacher would receive as a direct result of Fluor funding.*

<u># of Elementary Teachers</u> <input type="text"/>	<u>Teacher Gender</u> <None> <input type="button" value="v"/>	<u>Avg Hrs Per Elementary Teacher</u> <input type="text"/>
<u># of Middle School Teachers</u> <input type="text"/>	<u>Teacher Gender</u> <None> <input type="button" value="v"/>	<u>Avg Hrs Per Middle School Teacher</u> <input type="text"/>
<u># of High School Teachers</u> <input type="text"/>	<u>Teacher Gender</u> <None> <input type="button" value="v"/>	<u>Avg Hrs Per High School Teacher</u> <input type="text"/>
<u># University Teachers</u> <input type="text"/>	<u>Teacher Gender</u> <None> <input type="button" value="v"/>	<u>Avg Hrs Per University Teacher</u> <input type="text"/>

**SOCIAL SERVICES**

As a global company, working in both developed and underdeveloped countries, we strive to improve the communities where we have a presence through programs and organizations that ensure basic human needs. In particular, Fluor tracks specific outputs around food insecurity, shelter and prevention and emergency services. Please review the metrics below to determine if this section is applicable to the program for which you are seeking funding.

\* Is this section applicable to the program for which you seek funding from Fluor?  
If you answer yes, you are required to answer for a full row of questions for at least one of the activities in this section.  
If you answer no, please leave this entire Social Service section blank.

- Select One -

**Meals / Food**

Provide the total number of meals or weight of food donated that would result from Fluor funding this request. Complete just one line of data by providing # of meals made possible or weight of food made possible (don't complete both lines -- choose one).

# of Meals Made Possible       Avg Cost Per Meal

OR

Weight of Food Made Possible       Unit of Food Weight  <None>

**Shelter**

Emergency / temporary shelter is defined here as an establishment that provides temporary housing for homeless people or housing for those in a state of emergency. Provide the total number of individuals that would receive emergency/temporary shelter and the total number of days they would receive shelter as a direct result of funding from Fluor.

# of Individuals Receiving Shelter       Length of Stay (days per person)

**Prevention Services**

Prevention services are defined here as initiatives or activities that aim to prevent, mitigate or protect against disease, poverty or other hardships. Provide the total number of individuals who would receive preventative services, the type of service, and number of hours that would be dedicated to the service (if applicable) as a direct result of Fluor funding.

# of Individuals Impacted       # of Hrs Dedicated to Prevention

Describe Prevention Services Provided (briefly)

**Emergency Services**

Emergency services are defined here as organizations/services that respond to emergencies when they occur, especially those that provide assistance in times of crises. Provide the total number of individuals who would receive emergency services as a direct result of Fluor funding.

# of Individuals Impacted       Describe Emergency Services Provided (briefly)

Community & Economic Development

At Fluor, we believe if communities thrive, so do their businesses and residents. The stability of a community is affected by the condition of its infrastructure and its ability to attract and retain talent. In particular, Fluor tracks specific outputs around home/facility builds and refurbishments, job skills training and life skills enrichment. Please review the metrics below to determine if this section is applicable to the program for which you are seeking funding.

\* Is this section applicable to the work of your organization?  
*If you answer yes, you are required to answer a full row of questions for at least one of the activities in this section. If you answer no, please leave this entire Community & Economic Development section blank.*

- Select One -

**Build / Refurbish Homes or Facilities**

*Provide the total number of homes or facilities that would be built or refurbished as a direct result of Fluor funding.*

Type of Activity	# of Hms/Facilities Built or Refurbished
<None>	

**Skills Training**

*Provide the total number of individuals that would receive certificate, degree, or job skills training and type of job skills training, type of certification and type of degree as a direct result of Fluor funding.*

Type of Skills Training	Level	# of Individuals Receiving Training
<None>	<None>	

Certification Title(s)

Description of Job Skills Provided (briefly)

**Life Skills Enrichment**

*Provide the number of youth (ages 10-24) that would receive life skills or leadership enrichment, hours of enrichment per youth, and description of life skills or leadership enrichment program as a direct result of Fluor funding.*

# of Youth Receiving Life Skills Enrichment	Gender	Avg Hrs of Enrichment Per Youth
	<None>	

Describe Life Skills Enrichment Provided

**Environment**

Fluor fulfills our commitment to responsible stewardship of the environment by investing in programs that preserve and/or enhance natural resources and habitats. In particular, Fluor tracks specific outputs around conservation, restoration, beautification and environmental education. Please review the metrics below to determine if this section is applicable to the program for which you are seeking funding from Fluor.

\* Is this section applicable to the program for which you seek funding from Fluor?  
*If you answer yes, you are required to answer a full row of questions for at least one of the activities in this section.  
If you answer no, please leave this entire Environment section blank.*

- Select One -

**Conservation**

*Provide the total amount of litter removed, unit of measurement and description of conservation effort that would take place as a direct result of Fluor funding.*

Amount of Litter Removed  Unit    
 <None>

Describe Conservation Effort (briefly)

**Restoration**

*Provide the area of land and unit of measurement that would be restored as a direct result of Fluor funding.*

Area Cleared or Restored  Unit    
 <None>

**Beautification**

*Provide the total number of plants planted and the type of plant (tree, flowers, shrubs/bushes) that would be planted as a direct result of Fluor funding.*

# of Plants Planted  Type of Plant    
 <None>

**Environmental Education**

*Provide the total number of individuals that would receive environmental education and number of education hours each individual would receive as a direct result of Fluor funding.*

# of Individuals Impacted  Gender  <None> Avg Hrs of Training Per Individual

# Fluor General Grant Application (fluor.com)

## Attachments

\* Required before final submission

### Please upload the following documents with this application:

Note: This site only allows one document to be uploaded per requirement. If you have multiple pages to upload, please merge them into one document before uploading.

\* Copy of current IRS determination letter indicating 501(c)(3) tax exempt status

 Browse...  

\* Copy of the most recent audited financial statements

 Browse...  

\* Your organization's most recent annual operating budget

 Browse...  

Project budget (if not seeking operational support)

 Browse...  

\* A copy of the most current [IRS W-9 form](#) (ver Oct. 2018) signed and dated

 Browse...  

\* Current list of board of directors (or equivalent), including business affiliation

 Browse...  

Communication materials relevant to the program for which you are seeing funding (Optional)

 Browse...  

Cover letter (Optional)

 Browse...