

# STATE LIQUEFIED COMPRESSED GAS BOARD

Post Office Box 79  
Jackson, Mississippi 39205-0079  
Telephone (601) 359-1064 Fax (601) 359-1076  
E-Mail: lcgas@mid.ms.gov

## MISSISSIPPI PROPANE EDUCATION AND RESEARCH FUND FUNDING REQUEST FORM

1. Name of Applicant:	
2. Title or short name of project for which funding is sought:	
3. Brief summary of the project:	
4. Total estimated cost of the project: \$	5. Amount of funding sought from the Board: \$

### Contact Information

6. Name of Contact Individual:		7. Title:	
8. Contact Mailing Address:			
9. Contact Street Address (if different from Mailing Address):			
10. Contact City:	11. Contact State:	12. Mailing Zip:	13. Street Zip:
14. Contact Telephone:		15. Contact Fax:	
16. Contact E-Mail Address:		17. Other Contact Information:	

Applicant Information

18. Mailing Address:			
19. Street Address (if different from Mailing Address):			
20. City:	21. State:	22. Mailing Zip:	23. Street Zip
24. Telephone:		25. Fax:	
26. E-Mail Address:		27. World Wide Web URL:	
28. Identify the principal officers or owners of the Applicant, including titles. Include additional sheet, if needed.			
29. If the Applicant is a subsidiary, identify the parent. If not a subsidiary, enter "N/A".			
30. Federal Employer Identification Number:	31. Has the Applicant been determined to be "exempt from taxation" under section 501(c) of the Internal Revenue Code? Yes    No    If yes, please attach copy of IRS determination letter.		
32. If the Applicant has not yet been determined to be "exempt from taxation" under section 501(c) of the Internal Revenue Code, has the Applicant made application for such status? Yes    No			
33. Has this Applicant, or any parent or subsidiary, made other application(s) to the Board for funding? Yes    No			

Project Information:

34. Will this project enhance consumer and/or employee safety and training about propane? Yes    No
35. Will this project provide for research and development of more cost effective uses of propane? Yes    No
36. Will this project inform and educate the public about safety and other issues associated with the use of propane? Yes    No
37. Will this project provide for market development of propane? Yes    No
38. If the answer to any of the preceding four questions is yes, briefly explain how the objective will be met.

Please attach a **detailed** Statement of the Project. This detailed statement **must** include:

- I. Background information about the Applicant.
- II. Background information about the project.
  - Evidence or results of research demonstrating a need for the project;
  - Description of any prior projects upon which the proposed project is based or which had the similar goals and objectives as the proposed project;
  - Goals, objectives, and anticipated results of the project and planned deliverables;
- III. Identification of essential personnel expected to participate in the project.
  - Status of essential personnel as employee of the Applicant, consultant or contractor;
- IV. Detailed timeline for the project, from organization to completion, including project stages and activities.
- V. Complete and detailed statement of the cost of the project and its budget.
  - Specifically, include direct costs, salaries, overhead and subcontractor costs, fees and expenses;
  - Statement of how much the applicant is contributing toward the cost of the project in cash, kind and services;
  - Detailed statement of other funding sources contacted or to be contacted, the expected amount of funding from each, the status of each application of funds, and any conditions placed upon the use of funds.
- VI. Statement of method(s) to evaluate success of the project.

Verification

I verify that I am authorized to make this application, and that the statements made herein, including all attachments and exhibits, are true and correct to the best of my knowledge.

\_\_\_\_\_  
(Date of Signing)

\_\_\_\_\_  
(Signature of Contact Individual)

\_\_\_\_\_  
(Printed Name)