CONTRIBUTIONS APPLICATION

Organization: ____________________________________________________________

Address: _______________________________________________________________

Street ________________________________________________________

City __________________________________ State __________ Zip ____________

Organization Representative/Contact: ________________________________

Title: _________________________ E-Mail: ________________________________

Phone: _________________________ Fax: ________________________________

Date Needed: ________________________________

Reason for Request: _________________________________________________

Geographic Area Benefited: __________________________________________

Number of People Benefited: ________________________________

Anticipated Period: _________________________ to _________________________

Total Cost: $ ________________________________

Amount Requested from NANA WorleyParsons: $ _________________________

Use of funds:  □ Special Project  □ Current Operating Budget

  □ Specific Ongoing Program

  □ Other: __________________________________________________________

Funding and resources committed to date: ______________________________________

Will your organization be requesting additional funding for future requests (i.e., annual events, golf tournaments or sponsorships)? If so please indicate dates and amounts requested.

<table>
<thead>
<tr>
<th>Event Name</th>
<th>Date</th>
<th>$ Amount of Request</th>
<th>Type of Event</th>
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NWP-AD-FRM-0002 R. 0
2/14/2018 Page 1
What services does your organization provide to benefit NANA WorleyParsons’ employees?

If your request is for a sponsorship or special event, do you need any of the following:

☐ NANA WorleyParsons Logo
☐ NANA WorleyParsons Banner
☐ NANA WorleyParson Promotional Items

Contact Person for Resources:
Name: __________________________ Title: __________________________
Phone: __________________________ E-Mail: __________________________

Legality Statement

*I understand that as an eligible recipient of NANA WorleyParson contributions the organization requesting funds is certified for tax-exempt status under the Federal Internal Revenue Code Section 501(c)(3) as charitable organizations, 501(c)(4) as social welfare organizations, and 501(c)(6) as business leagues.

________________________________________  _________________________
Signature of Requestor                  Date