CH2MHILL ALUMNI ASSOCIATION

Legacy Gift Fund

Sustaining Values and History through Charitable Giving

Legacy Gift Fund, Inc.

Pay It Forward (PIF) Project Grant

Eligibility Criteria:

- The Applicant must be a member of (or join) the CH2M HILL Alumni Association. The recipient organization must be based in the United States (although the project itself can be outside the USA),

- The project must be broadly aligned with LGF Vision - *"**build a better world"***, see transmittal memo,
- The project can be completed and use the grant funding within 24 months, and,
- It is desirable, but not required, that the Applicant and/or other alumni be involved in performing the Project.

Application Deadline: September 30, 2025

Instructions:

1. Complete the application form (fillable PDF). Save the PDF file and include your full name in the file name, e.g. "CHAA Legacy Gift Fund Grant Application – John Smith". For some relatively small grant projects not all of the information requested may be readily available, so simply provide the relevant information that you have (we willfollow up during the evaluation period if needed).

2. For all additional sheets, save the file(s) as a PDF and include your full name, and a brief description of the content, in the file name, e.g. "Legacy Gift Fund Inc – PIF Project Grant Application – John Smith – "*Insert Your Project's Name*".

3. Email the PDF files of the completed application form, and all supplemental information files, to ch2mhillaa.legacyfund@gmail.com by the specified deadline. Label the "Subject" line of the email "Legacy Gift Fund Inc. PIF Project Grant Application".

Questions: Contact us via email at: ch2mhillaa.legacyfund@gmail.com

Legacy Gift Fund Inc. - Pay It Forward (PIF) Project Grant

Application Form (Add Attachments as Needed)

Applicant

Name _____ _____ _____
(Last) (First) (MI)

Mailing address _____

_____

Email address _____ Phone _____

Are you a current the CH2M HILL Alumni Association (CHAA) member? Yes or No _____ If No, commitment to join? Yes or No _____

Are you involved with the Project? Yes or No _____, If Yes, what is your role?

_____

Are other CHAA members or alumni involved with the Project? Yes or No _____

If Yes, what is the approximate number involved? _____

Partnering or Sponsored Organization(s) Information

Organization

Organization name _____

Mailing address _____

Email address _____ Phone _____

Website URL (if any) _____

Is the organization an IRS 501 (c)(3) Public Charity? Yes or No, _____

Comment or further description _____

_____

Organization Contact Person

Name _____ _____ _____
(Last) (First) (MI)

Title or Role in the Project _____

Mailing address _____

_____

Email address _____ Phone _____

Project Description

Project Name _____

Project Location _____

Project Schedule _____

Project Purpose _____

_____

_____

_____

Who/What benefits from the Project? (Identify the thing, individuals, organization, community, communities, etc. that benefit):

_____

_____

_____

What are the Project benefits? Consider benefits both during performance of the Project, such as number of workers or students involved, and any training or skills gained, and the benefits

created when the Project is completed and how the project helps to “Build a Better World” (Quantify benefits so they are measurable, if possible):

_____

_____

_____

_____

_____

Funding

Grant amount requested $_____ ($2,500 Maximum Grant)

When are Grant funds needed? _____

Are there enough funds currently available (including the requested grant if awarded) to complete the Project as scheduled? Yes or No _____

If No, what approximate percentage of the total funds needed are currently available? _____%

Is the Project likely to be delayed due to lack of funding? _____

Any additional comments regarding schedule and funding? _____

_____

_____

Qualifications and Experience

Describe the qualifications and experience of the organization or entity, and any key individuals, performing or managing the Project that are relevant to the successful performance of the Project (Attach additional information as needed):

_____

_____

_____

_____

Any other relevant comments or information? _____

-

The applicant agrees, if awarded a grant, to provide LGFI with a brief project completion report, including, if possible, at least one photo of the completed project. LGFI will provide a sample report with the notification of their grant award.

By submitting this application, I/We agree to allow the CH2M HILL Alumni Association Legacy Gift Fund, Inc, should a grant be awarded, to use the following project information in its promotional materials:

Organization Name

Project Name

Project Completion Date

LGFI Grant Amount ($) and Date Grant Issued

Photograph(s) of the Completed Project.

Personal information such as individual names, addresses, phone numbers, email addresses will not be used by LGFI without express written permission.

Applicant Signature _____ Date: _____