



# Community Investment Program Application

**PLEASE USE FORM FOR ALL STORE COMMUNITY DONATIONS AND CLASSROOM CHAMPIONS GIFT CARDS.**

## ORGANIZATIONAL INFORMATION

Organization/Group Name: Fort Bend County, Department of Social Services

Is your org. a valid 501 (c)3 non-profit?  Yes  No Federal Tax ID Number: 746001969

Contact Name: Mary Mullin-Jones Contact Title: Assistant Director

Organization Address: Fort Bend County

City: Richmond State: Texas Zip: 77469-3108

Phone: 281-403-8045 Email: mary.mullin-jones@fortbendcountytexas.gov

Please describe the purpose of your organization and its primary beneficiaries:

Fort Bend County Social Services provides services and assists its most vulnerable populations who live in challenging circumstances, are frail, and urgently need our guidance.

## PROGRAM/EVENT INFORMATION

Program/Event Name: Emergency Toiletries and House hold supplies - COVID 19 Crisis

Program/Event Date and Time: Until HEB contribution is depleted, we will provide to residents in need

How many participants are expected? 30-100 depending upon HEB contribution

What cities or counties will be served? Residents of Fort Bend County

Describe the Program/Event:

Toiletries and household items for families/individuals, currently under quarantine having tested positive for COVID-19 Virus in Fort Bend County

## REQUEST INFORMATION

What would you like H-E-B to donate? (Please be as specific as possible) paper plates/cups, trash bags, toilet paper, paper towels, tissues, tooth paste/brushes, laundry/dish detergent, cleaning disinfectant

Has H-E-B or Central Market already contributed to this specific event/program?  Yes  No

If yes, which store/department? Not Applicable

Has H-E-B or Central Market donated to your organization in the past?  Yes  No

If yes, provide the dates and amounts: Not applicable

How will H-E-B's contribution be recognized?

Fort Bend County Social Services Website, Facebook and Twitter accounts,

APPLICATION REVIEW (FOR STORE USE ONLY):		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED
If Approved:	<input type="checkbox"/> Product	Amt:	<input type="checkbox"/> Gift Cards Amt:
Total Amt Approved:	Pick Up Date:		
Top Store Leader:	Date Approved:		
Cash Controller:	Date Activated:		