



## CARES GRANT APPLICATION PACKET

# 2016

### Complete the process in 3 easy steps:

- ✓ SLB employee/spouse/retiree must volunteer with organization before submission
  
- ✓ Employee and organization representative must both complete and sign application
  
- ✓ Organization representative must complete W9, EFT, and provide a cancelled check





*Schlumberger Cares*  
2016 Grant Guidelines

1. Schlumberger will award, through our employees, spouses and retirees, grants ranging from \$250.00 to \$2500.00. These grants will be awarded to local Houston Area community organizations, based on employee participation.
2. Each full time Schlumberger employee, spouse or retiree is eligible to apply annually for one **Schlumberger Cares** Grant.
3. Recipient organizations should align with our Community Affairs themes focused on Education, Wellness & the Environment.
4. Employee, Retiree, and/or Spouses must be a current volunteer in the organization. (i.e., a coach, team volunteer, tour guide, IT support, gala/ golf tournament **organizer**, etc.)
5. Awards are only available for organizations with a TAX ID number (non- profit, charities with 501c status or teams with a Federal Tax ID).
6. Grants will be made directly to the organization. Please allow 4 to 6 weeks for fund transfers.
7. **Schlumberger Cares** Grant Funding is not available for:
  - Individual student scholarships, sponsorship, or trips
  - Religious or political organizations
  - Organizations which discriminate on the basis of race, sex, color, religion, or creed
  - Bake sales, cookie sales, or other similar fundraisers
8. All Applications must be submitted along with a current W9 and EFT (Electronic Funds Transfer) form, including a voided check or deposit slip for the organization for which the Grant is requested. The application can be found on the Community Affairs website [www.hub.slb.com/hacommunity](http://www.hub.slb.com/hacommunity), or can be requested from the Community Affairs Coordinator; Claudia Gomez ([cgomez@slb.com](mailto:cgomez@slb.com)), to whom completed application should be emailed, mailed or faxed: 5599 San Felipe, 16<sup>th</sup> Floor, Houston, TX 77056 / FAX (713) 375-3500.
9. The Schlumberger logo may be used on all Community Affairs funded projects.
10. Mega Cares Grants of \$2500 may be awarded to organizations when 10 or more Schlumberger employees/retirees/spouses are currently engaged in volunteering.
11. Attached is also a program/organization evaluation. Please complete this form after the donation/event so that we can document what the funds were used for and how impactful they were to the community.



## 2016 Cares Grant Application

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Employee/Spouse/Retiree Name

Email Address

---

Address

Phone

---

Organization Name

Age/Grade Level

---

Non-Profit Organization TAX ID (Required)

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Organization Contact/Title

Contact Phone

1. How does the applying Schlumberger employee/spouse/retiree volunteer for the organization?
2. Explain how this organization adds value to our core themes of Community Education, Wellness and/or Environment:
3. How will the organization use this grant?
4. Will you need a copy of the Schlumberger logo for advertisement?
5. What is the amount being requested? ( \$250.00 for a single grant up to max \$2500.00 for a mega grant – all volunteers must sign and certify the addendum that they are current volunteers for this organization) \_\_\_\_\_

Employee's signature: *"I certify that I do not receive monetary compensation in exchange for my current volunteer service, and this award will be presented to the organization."*

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Schlumberger Employee Signature

Date

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Organization's Representative Signature

Date:



Mega Grant Addendum (only complete if you are applying for up to a \$2500.00 Mega grant)

List names, signature and volunteer capacity of all employees that are currently volunteering with this organization. Community Affairs does audit to ensure that upon signing all employees are current volunteers.

Name	Signature	Volunteer Capacity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Please email/fax this form ATTN: Claudia Gomez ( [cgomez@slb.com](mailto:cgomez@slb.com) ) 713-375-3500 fax, or mail to Claudia Gomez, Schlumberger Community Affairs, 5599 San Felipe, 16<sup>th</sup> Floor, Houston, TX 77056. If there are any problems or denial of a grant, the employee will be contacted*



**SUBSTITUTE "W-9"**

**THIS FORM IS TO BE COMPLETED BY TAXPAYER OR THEIR AUTHORIZED REPRESENTATIVE**

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to **28% federal income tax backup withholding**. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is required to withhold 28 % of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

**Instructions: Complete Part 1 by completing the row of boxes that corresponds to your tax status. Complete Part 2 to sign and date the form, and return it to us via fax or mail.**

**Part 1 Tax Status: (COMPLETE ONE ROW OF BOXES BELOW - PLEASE PRINT)**

A corporation may use an abbreviated name or its initials, but its legal name is the name on the Articles of Incorporation.

Corporation (other than Medical / Legal / Rent), Exempt Charity or Govt. Agency	Name of Entity:		Employer Identification Number:
			____ - _____

Individuals:

Individual Name:	Individual's Social Security Number:
	_____ - ____ - _____

A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.

Sole Proprietor:

Business Owner's Name:	Business Owner's Social Security #	Business or Trade Name (DBA):
	_____ - ____ - _____	

A partnership may have a "doing business as" trade name based on the names of the partners.

Partnership:

Name of Partnership (DBA);	Partnership's Employer Id #	Partnership's Name on IRS records(see IRS mailing label
	_____ - _____	

OTHER Medical / Legal / Rent / LLC

Name of Entity:	Employer Identification Number
	____ - _____

**Part 2 Certification:** I certify under penalty of perjury that the Tax Identification Number I have provided is correct.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**REMIT TO ADDRESS:** \_\_\_\_\_

**CORRESP. ADDRESS:** \_\_\_\_\_

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Federal Tax ID # \_\_\_\_\_

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION AND PAYMENT AGREEMENT**

AGREEMENT made this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, between SCHLUMBERGER TECHNOLOGY CORPORATION, a Texas corporation, with offices at 300 Schlumberger Drive, Sugar Land, Texas, 77478-3136, hereinafter referred to as "Schlumberger",

and \_\_\_\_\_  
(Company Name)

with offices at \_\_\_\_\_  
(Company Address)

hereinafter referred to as "Payee".

WHEREAS, it is desired by Schlumberger and Payee to have the flexibility of Schlumberger making and Payee receiving payments for goods and services furnished by Payee to Schlumberger by electronic funds transfer ("EFT") through the electronic clearing house system.

NOW, THEREFORE, the parties have agreed as follows:

Schlumberger shall, effective \_\_\_\_\_, 20\_\_\_, make payment for goods and/or services covered by any purchase order or agreement, now or hereinafter in effect, by utilizing at its option, check or electronic fund transfer ("EFT"), and Payee agrees to accept as payment any such method selected by Schlumberger.

For the purposes of EFT, Schlumberger and Payee mutually agree as follows:

(1) That the following Depository Institution has been selected by Payee for the purpose of receiving an electronic business payment, and Payee hereby directs Schlumberger to transmit all remittance data and sums owing as hereinafter provided:

DEPOSITORY INSTITUTION: \_\_\_\_\_

**(Please attach a copy of a voided check for account setup.)**

ADDRESS: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ BANK ROUTING # \_\_\_\_\_

REMITTANCE DUNS # \_\_\_\_\_ (Not Required for Activation)

**NACHA PAYMENT FORMAT: CTX \_\_\_\_\_ Remittance advice data can be sent to your depository institution or to the e-mail address designated below.**

(2) That the Depository Institution selected by Payee must be able to receive such payment from Schlumberger's originating bank directly and be able to receive remittance data electronically. The Depository Institution must also be able to verify electronically, or in writing as required by the information contained in Article (1), or as such information may be amended from time to time by Schlumberger pursuant to Article (3).

(3) That Payee may at any time, but at least thirty (30) days prior to the effective date of the next electronic fund payment by Schlumberger change any portion of the information provided in Article (1) of this Agreement by submitting to Schlumberger at the above address an amended payment authorization in a form acceptable to Schlumberger. It is understood and agreed that Payee shall be responsible for any loss which may arise by reason of any error, mistake, or fraud regarding the information provided in Article (1) or pursuant to this Article. It is further understood and agreed that Schlumberger shall have no liability for inaccurate or incomplete information provided by Payee in Article (1) or pursuant to this Article.

(4) Payee hereby authorizes Schlumberger to initiate credit entries via EFT in payment of obligations owed by Schlumberger to Payee.

(5) If the electronic fund payment date is a non-banking day, at the Schlumberger's originating bank, the electronic fund transfer will occur the following banking day. For example, if the payment date is a Saturday, the electronic transfer will be made on Monday, assuming Monday is a banking day at the originating bank. "Banking day", for the purposes of this Agreement, shall mean the day in which both Schlumberger's originating bank and Payee's Depository Institution shall be available to transmit and receive electronic fund transfers.

The electronic fund payment shall be deemed to have been made when the Payee's Depository Institution receives or has control of the payment.

In the event of duplicate payment, overpayment, fraudulent payment, or payment made in error, Schlumberger shall have the right to cause a cancellation or reversal of any such payment to Payee after notifying Payee of such intention to cancel or cause a reversal in writing.

(6) That Schlumberger shall be responsible for making all payments pursuant to this Agreement and for any loss of payment prior to the point at which the Payee's Depository Institution shall receive or have control of the payment, except as provided in Article (3) hereinbefore. Any other loss shall be borne by the Payee. In the event that payment has not been received by Payee, Payee shall notify Schlumberger immediately in writing and Schlumberger shall have a reasonable period (not to exceed 10 business days from the date of receiving the notice) in which to make said payment, and until the expiration of that period, Payee agrees that it will not have or pursue any rights or remedies against Schlumberger for any failure to make payment including, without limitation, claims for actual, incidental or consequential damages within this 10 day period.

PAYEE: \_\_\_\_\_ SCHLUMBERGER TECHNOLOGY CORPORATION

\_\_\_\_\_  
(Company Name)

By: \_\_\_\_\_  
(Signature & Title)

\_\_\_\_\_  
Claudia Gomez, Community Affairs  
(Signature & Title)

Phone # \_\_\_\_\_

MANDATORY.....E-mail address for detail notifications: \_\_\_\_\_

**Please return this completed form along with a voided check to Claudia Gomez ( [cgomez@slb.com](mailto:cgomez@slb.com) )  
713-375-3500 fax, or mail to Claudia Gomez, Schlumberger Community Affairs, 5599 San Felipe, 16<sup>th</sup> Floor,  
Houston, TX 77056**

# Community Affairs Champion Evaluation Form

## BACKGROUND INFORMATION

1. Your Name and Event Role:			
2. Organization Name Project Title:			
Name	Address	Contact person and details	
		Name:	
		Tel/fax:	
		Email:	
3. Number of Schlumberger Volunteers :			
4. Number of Total Participants:			
5. Project Overview: <i>Summarize the objectives &amp; key features of the project.</i>			
6. Total Amount Granted for This Event: <i>Include any additional funds that Community Affairs spent aside from cares grant.</i>			
7. Sponsorship History: <i>Is this the first-time or have we supported the organization in the past? Provide past funding and volunteer details.</i>			
8. Total Amount Raised: <i>If applicable.</i>			
9. Allocation of Funds: <i>Describe how the requested funds were used, if applicable.</i>			

## PROJECT RATIONALE

10. Where does this event fit within Schlumberger’s strategic community affairs themes?			
A Education	B Wellness	C Environment	D Other
11. Benefits:			
12. How do you measure the success of event?			
13. Will you be requesting money for this project in the next fiscal year? How much?			



## Community Affairs Volunteer Feedback Form

*This form is to be completed on or after the event date.*

Name: \_\_\_\_\_

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Time: A.M. / P.M. (Circle one)

Volunteer Duties:

\_\_\_\_\_  
\_\_\_\_\_

Do you feel as though your time was well spent at this event?

\_\_\_\_\_  
\_\_\_\_\_

Do you feel as though Schlumberger should devote time and money towards this event/organization?

\_\_\_\_\_  
\_\_\_\_\_

What could we have done differently to make this a better experience for our employees?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other organizations or events would you suggest for Schlumberger volunteerism or donations?

\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your time and commitment!

Please email this form back to ATTN: Claudia Gomez ([cgomez@slb.com](mailto:cgomez@slb.com))