

Community Partners Grant Application

Instructions: Complete entire form, including required signatures, and send to Arizona Federal Credit Union, Attn: Marketing, P.O. Box 60070, Phoenix, AZ 85082-0070. A copy of the organization's 501(c)(3) tax-exempt ruling from the IRS must be attached.

Volunteer name		Street address		
City/State/ZIP		Daytime phone	Arizona Federal account number	
Organization name		Street address		
City/State/ZIP		Phone	Person to verify hours volunteered	
Describe volunteer activity				
Operational budget	Administrative expense	Total hours worked	From (date)	To (date)

Volunteer and organization's administrator must sign and date statements for application to be considered. Application is due by March 1 following the year the volunteer work was performed.

Volunteer's Statement

I hereby certify that I completed the volunteer activities and hours described on my own time for the purpose of improving our community.

Signed _____

Date _____

Organization's Statement

As the Executive Director or Administrator of the organization named, I certify that the individual named herein completed the volunteer activities and hours described. I further certify that our organization's total administrative costs do not exceed 25% of our operating budget.

Signed _____

Title _____

Date _____

