

# Community Partners Grant Application

Instructions: Complete entire form, including required signatures, and send to Arizona Federal, 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 \_\_\_\_\_

