

EVENT VAP APPLICATION for teams of Associates

Home Office-based associates must submit forms directly to the Walmart Foundation by emailing 'HOGGRANTS' or fax to 479-273-6850.

Note: All field applications should be turned in at your facility before the deadline to be verified and keyed by the Facility Manager.

Fax Number 479-273-6850 ~ ~ Call Center 800-530-9925

Minimum of 5 associates required to apply for Event VAP. Maximum grant amount per event per organization is \$5,000.

FACILITY MANAGER INFORMATION Please type or print the information below.

Location #/Dept # _____

Event Date(s) _____

Name of Event _____

H.O. only: If the grant is approved by the Wal-Mart Foundation, you will be notified to pick up the check. If you need the check mailed to a specific address, please respond to the email that is sent to you. Checks not picked up will be sent by interoffice mail to your mail stop.

Please list contact name of Home Office Contact if you're a Home Office Department:

Home Office Contact: _____ Phone #: _____

I confirm and have personal knowledge that the associates named on page two have volunteered the stated number of hours to benefit the organization listed below.

Facility Manager

Phone Number

VOLUNTEER EVENT INFORMATION to be completed by Facility Manager who signed above

Please describe the volunteer activity or event? _____

Where was the event held? _____

What is the total number of volunteer hours completed by all associates at this event? _____

Note: events held over several days may be combined if for the same cause and organization.

Was this a multi-facility or market event? _____ Locations involved: _____

RECIPIENT ORGANIZATION INFORMATION to be completed by organization representative

Complete Organization Name: _____

(Exactly as it appears on file with the IRS)

Specific Program Name: _____

Mailing Address

City

State

Zip Code

IRS Employer Identification Number/Tax ID Number (if applicable): _____

Tax ID # is 9 digits, example: 22-0000555

Organizations must be listed in the most current IRS 50 State Master File at the time of application.

How will funds be used by your Organization? _____

What service does the organization provide to the community? _____

RECIPIENT VERIFICATION

I confirm and have personal knowledge that the volunteer hours listed above were completed with our organization without compensation during the time period (as marked above). I confirm that I am in paid leadership position with the above named organization. Active associates and immediate family members of active Wal-Mart Stores Inc. associates cannot provide verification of hours.

Representative's Signature

Representative's Printed Name

Representative's Official Title/Position

Date

Phone Number

The Walmart Foundation reserves the right to audit any application at any time. Form valid 2010 – all other forms invalid.

EVENT VAP HOURS LOG

THIS PAGE IS FOR INTERNAL/COMPANY USE ONLY – DO NOT FORWARD THIS PAGE TO THE ORGANIZATION

ASSOCIATES: By signing below you affirm that you have supplied true and correct information to the best of your knowledge. You hereby acknowledge that all hours volunteered on or off Walmart property at this event were “off-the-clock” and that you did not receive monetary or other compensation. By signing, you grant permission to Wal-Mart Stores, Inc. to use any photo images obtained for publicity purposes related to this volunteer activity.

All associates must sign below. If you do not wish to include your SSN, please provide at least the last four digits and print your name legibly. If your name is illegible your hours will not be included in the total hours for this request.

FIRST NAME (print)	LAST NAME (print)	SIGNATURE	SSN	HOURS	FACILITY #/ DEPARTMENT
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

To add additional associates, make copies of this form.

Total Hours

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