



THE BP EMPLOYEE MATCHING FUND

Gift, Time, and Effort Application Form

Prior to completing, please read the Matching Guidelines to determine eligibility, terms and conditions available on this link:
<https://myhr.bpweb.bp.com/en-gb/bpexperience/working-at-bp/employee-matching-fund>

PART A: BP EMPLOYEE – Complete Part A and forward to accredited school or non-profit, charitable organisation.

Last Name, First Name, Middle Initial: _____

NTID or (Employee Number for those outside the US and UK): _____

BP Work Site Name & Address: _____

Daytime Tel No (incl. extension): _____ E-mail: _____

Before you continue.....Please have your Team Leader/Line Manager/HR representative -- or their designate – sign this form to verify that you are a BP employee. (Contractors, agency staff and consultants are not eligible.).

Name: _____ Signature: _____

Job Title: _____ Date: _____

MATCH REQUEST: Select the programme match you are requesting and complete the relevant section(s). Keep in mind the annual programme limits when deciding how to direct your matching funds. **Your gift, time or effort match is to be applied for under only one programme below – no double counting** (see guidelines).

Monetary/Stock Gift (\$25 minimum)	Date of gift	Amount/Type of Currency		Requested Match
Volunteer Time** (25 hour minimum – A list of dates, hours and activity must be attached in the following format)	Volunteer Dates From: To:	Hours	Rate per hour US\$10*	Requested Match
Sponsored Effort** (A list of donors and amounts must be attached to this form.)	Dates From: To:	Amount Raised		Requested Match

* or local currency equivalent

** Matching request must be submitted after sponsored effort activity.

Description of the volunteer work or sponsored event in which you participated:

I certify that the information given above is complete and accurate. Any gift/time volunteered/amount raised is solely for the benefit of the organisation named. Neither I nor any family member or any related third party, will benefit individually in any way from my contribution or any matching grant made by BP Foundation. I further certify that I have not applied for funding for this activity through any other BP programme. I understand that the information I provide will be used by the appropriate administrator to process this application.

Employee Signature: _____ Date: _____

*Applications should be submitted as soon as possible for timely processing. Applications for current year activity will be accepted until **March 31** of next year. Applications apply against individual annual limits in the year the application is received, not the year of the gift, volunteer time or sponsored activity.*

SEND THIS FORM TO ACCREDITED SCHOOL OR CHARITABLE ORGANISATION FOR COMPLETION.

PART B: RECIPIENT ORGANISATION

BP encourages its employees to play their part in making a difference in their communities. Employees can increase the value of their gift, time or participation in a sponsored pledge event by applying for matching funds from the BP Foundation. Applications which meets the terms and conditions of the Employee Matching Fund may qualify for a matching grant. **Please complete Part B and mail Parts A and B and any supporting documentation to the appropriate location for processing.** Please submit this application as soon as possible for timely processing. Applications for prior year activity will be accepted until **March 31** of the next year.

Organisation Name: _____

Mailing Address: _____

City/State/Country/Postal Code: _____

Contact Tel: _____ Fax: _____

E-mail: _____ Website Address: _____

Charity Registration No/Tax ID No. if applicable: _____

Bank Details (Not applicable in the USA)

Bank Name & Address: _____

City/State/Country/Postal Code: _____

Sort Code: _____ Account No: _____

I confirm that _____ (BP employee name) has contributed the following:

Monetary/Stock Gift (\$25 minimum)	Date of gift	Amount/Type of Currency	Tax-Deductible Amount (Applicable in USA)
Volunteer Time (25 hour minimum)	From: _____ To: _____	Volunteer Dates	Number of Hours
Sponsored Effort	From: _____ To: _____	Dates	Amount Received

I further confirm that no direct, tangible benefit will accrue to the donor, any family member or any related third party as a result of any matching grant made by BP Foundation.

Authorised Officer's Name: _____ Signature: _____

Job Title: _____ Date: _____

*Application forms should be submitted as soon as possible for timely processing. Applications for prior year activity will be accepted until **March 31** of the next year.*

Note: Matching funds will be distributed four times each year. Applications processed by the end of January, April, July and November will be paid out by the end of February, May, August and December.

MAIL THIS FORM TO THE APPROPRIATE ADMINISTRATION CENTRE:

UK, Europe and rest of world:

BP Matching Fund, Charities Aid Foundation Matched Giving, P. O. Box 206, West Malling, Kent ME19 4PY, UK.

Tel: +44(0)3000 123000, Fax: +44(0)3000 123144, email: bp@CAFOnline.org

North and South America:

BP Matching Fund Programs, P. O. Box 8449, Princeton, NJ 08543-8449; physical address: 650 College Road East, Suite 4100 Princeton, NJ 08543

Toll Free Tel: 1-866-223-4492, Fax: 1-609-799-8019, email: bp@easymatch.com

Germany:

BP Matching Fund Programs, c/o Maecenata Management GMBH, Herzogstrasse 60, D-80803 Munchen.

Tel: +49-89-28 44 52, Fax: +49-89-28 37 74 email: vh@maecenata.eu.