

JPMorgan Chase Foundation
Team Volunteer Grant Application

Part A to be completed by Employee/Retiree
Part B to be completed by Nonprofit Organization

Instructions: Complete this application and send it directly to the organization to which you are making your donation.
PART A – to be completed by the Employee/Retiree and given to the nonprofit organization (please print)

Employee standard ID
one alpha character and six numbers required

Employee/Retiree name

Name of nonprofit organization

Additional team members	SID	First Name	Last Name
If additional space is required please attach an additional sheet	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Volunteer start date

Volunteer end date

Collective team hours volunteered

Type of activity (check all that apply)	<input type="checkbox"/>	Advertising	<input type="checkbox"/>	Event Management	<input type="checkbox"/>	Photography
	<input type="checkbox"/>	Caregiver	<input type="checkbox"/>	Finance/Accounting	<input type="checkbox"/>	Training
	<input type="checkbox"/>	Computer Networking	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Visual Arts
	<input type="checkbox"/>	Computer Programming	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Web Design
	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Performing Arts	<input type="checkbox"/>	Writing/Editing
	<input type="checkbox"/>	Counseling	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Other (specify): <input type="text"/>				

I certify that the information contained above is true and correct to the best of my knowledge. I authorize the above-named institution to certify all volunteer activity related to this Team Volunteer Grant request to JPMorgan Chase for the purpose of qualifying for a contribution under the JPMorgan Chase Foundation Team Volunteer Grant Program.

 Employee/Retiree Signature

 Date

**PART B – To be completed by the nonprofit organization and mailed to: JPMorgan Chase Foundation c/o Cybergrants, Inc.
 2 Dundee Park, Suite 100
 Andover, MA 01810**

Legal name of nonprofit organization

EIN#

Mailing address
Street

City State Zip Code

Telephone

Fax number

Email address

Web site

As a representative of the tax-exempt organization cited above, I certify that the above named JPMorgan Chase volunteers have completed the number of hours stated during the specified period.

Signature of officer of organization _____ Date _____

Print name and job title _____