

PFIZER FOUNDATION VOLUNTEER PROGRAM (PVP) APPLICATION

The employee or retiree completes Section A of this request form and mails it to the eligible organization.
The non-profit organization will complete Section B, and forward the form to the Pfizer Foundation Volunteer Program.

Section A: To be completed by employee or retiree

All items in Section A must be completed by the employee or retiree volunteer. Please provide your signature, then **forward** to your volunteer organization for verification. PVP grant requests are reviewed and approved throughout the year. Completed applications forms must be *received* by **November 30** of the year for which you are applying.

Employee or Retiree Name _____

Please check the appropriate box:

Employee ID Number _____ Business Phone _____

Division/Location _____ Fax _____

Corporate Internet Address _____

Home Address _____

City/State _____ Zip Code _____ Home Phone _____

Do you volunteer with this organization at least six hours per month (or 72 hours per year)? Yes _____ No _____

Have you worked as a volunteer with this organization for at least six months? Yes _____ No _____

Describe the organization with which you volunteer. _____

Briefly describe the nature of your volunteer effort. _____

I hereby certify that the above information is accurate, correct and representative of my involvement with this organization.

Signature _____

Date _____

Sharing your volunteer experience with other employees, retirees and newspapers in your area can benefit your organization. To request the Foundation's assistance in publicizing your volunteer work and your organization's work, please indicate by checking this box.

Section B: To be completed by nonprofit organization

Please complete the information below, sign, and forward to Pfizer Foundation Volunteer Program, P.O. Box 2072, Princeton, NJ, 08543-2072. Be sure to include any required documentation (see below and reverse) when submitting this form.

Organization Name _____ Employer identification number (EIN#) _____

Address _____

City/State _____ Zip Code _____

Phone _____ Fax _____

Contact Person _____ Title _____

Signature from the contact person serves as verification of the Pfizer employee/retiree's involvement with the organization, based upon the guidelines and eligibility requirements specified on the back of this form. Misrepresentation will result in exclusion from any and all future Pfizer Foundation grants.

Signature _____ Date _____

If you are applying for a PVP grant for the first time, please enclose your:

Organization's mission statement and

501(c)(3) determination letter verifying your non-profit status.

If you have questions, please call 1-888-782-3048 or email PVP@easymatch.com

PLEASE ALLOW A MINIMUM OF SIX WEEKS FOR PROCESSING. INCOMPLETE APPLICATIONS WILL BE RETURNED AS THEY CANNOT BE PROCESSED UNTIL ALL THE REQUIRED INFORMATION IS RECEIVED.

PROGRAM OBJECTIVE

The Pfizer Foundation Volunteer Program is designed to encourage volunteerism and to recognize the outstanding volunteer efforts of Pfizer employees and retirees.

To qualify for the grant, you must have volunteered for at least 6 months, and have served an average of six hours per month for a total of 72 hours for the organization per calendar year. You may request one \$1,000 grant for one organization each year. The maximum amount an eligible organization may receive from the Pfizer Foundation Volunteer Program in any year is \$5,000.

ELIGIBLE INDIVIDUALS

You can apply for a PVP grant if you are an active volunteer with a nonprofit organization and:

- An active full-time or active part-time US employee or retiree of Pfizer Inc including Puerto Rico or one of its wholly-owned subsidiaries; and
- A headquarters foreign resident.

New employees are eligible six months from their date of hire.

ELIGIBLE ORGANIZATIONS

Eligible nonprofit organizations must be located in the United States or Puerto Rico and be recognized as tax exempt by the Internal Revenue Service under Section 501(c)(3) of the Internal Revenue Code and cannot be a private foundation. Public schools and public libraries are eligible as well.

Examples of eligible organizations include public and private schools, education-related organizations, hospitals, hospices, agencies for the elderly or children, museums, and performing arts groups.

NECESSARY ATTACHMENTS

If the organization is a first-time applicant, it must submit the following:

- Organization mission statement
- 501(c)(3), non-profit determination letter from the IRS (if applicable)

IMPORTANT TO NOTE

- Please note that neither the employee, retiree, nor any member of their family may directly or indirectly benefit as a result of this grant.
- Professional activities you do as part of your work at Pfizer are ineligible.
- Single events, including walk-a-thons, marathons, and bike-a-thons as well as training and fundraising for such events, are not eligible.
- In keeping with the Pfizer Foundation's policy and guidelines, funds cannot be used to support anti-business organizations or organizations that practice discrimination.
- Grants must be used within one year of receipt.
- Religious Organizations are ineligible

HOW TO APPLY

To apply for a PVP grant, please complete Section A of the application form and submit to the organization with which you volunteer. **Faxed copies of the application will not be accepted.**

Completed applications, with necessary attachments, should be forwarded to:

**Pfizer Foundation Volunteer Program
P.O. Box 2072
Princeton, NJ 08543-2072**

Phone: 888-782-3048; Fax: 609-799-8019

ADDITIONAL INFORMATION

PVP is a program of the Pfizer Foundation and is administered by the JK Group. If you have questions regarding processing or eligibility, please contact the JK Group at 888-782-3048 or e-mail them at: PVP@easymatch.com

PROCESSING

Reviewing a grant request for eligibility and completeness takes approximately 10 days from the date of receipt by the JK Group. If the application is incomplete, both the donor and the recipient organization will be notified promptly and reminded monthly for two months before the application is declined. Once the application is complete, payment will be made directly to the organization within one month. Application must be completed with all supporting documentation and be received by November 30, in order for a grant to be made in the current calendar year. **Applications received after November 30 will be processed for the following year.**

ADMINISTRATIVE CONDITIONS

While the Pfizer Foundation hopes to continue the PVP indefinitely, the Foundation reserves the right to modify, suspend or terminate the program at any time. The Foundation also reserves the right to determine whether the request for funds complies with eligibility criteria, application procedures and the intent of the program.

PLEASE ALLOW A MINIMUM OF SIX WEEKS FOR PROCESSING. INCOMPLETE APPLICATIONS WILL BE RETURNED AS THEY CANNOT BE PROCESSED UNTIL ALL THE REQUIRED INFORMATION IS RECEIVED.