



**VOLUNTEER PROGRAM  
TRACKING FORM AND GRANT APPLICATION**

**INSTRUCTIONS:**

1. Program runs **July 1 - December 31, 2017**.
2. Complete the entire form (*including Parts 1, 2 and 3*). Part 2 - In the column headings, fill in the names of the organization(s) where you volunteer. Enter your hours by organization for each month. Total your hours at the bottom of each column, as well as a grand total for all hours.
3. Make a copy of the completed form (*for your records*) and send along with a copy of the organization's tax-exemption letter to:  
**Alliant Energy Foundation, Attn: Volunteer Coordinator, 4902 North Biltmore Lane, Suite 1000, Madison, WI 53718-2148**
4. Return the form no later than **January 31, 2018**.
5. Once the form has been reviewed and approved, the Alliant Energy Foundation will issue a check to the organization listed in Part 3 and send that check directly to the organization.

PART 1 - VOLUNTEER INFORMATION					
Volunteer Name		Employee Type <input type="checkbox"/> Regular <input type="checkbox"/> Retiree		Home Phone No. (      )	
E-Mail Address	Home Address	City	State	Zip Code	

Complete following section, if current employee.			
Employee No.	Work Location	Department	Work Phone No. (      )

PART 2 - HOURS VOLUNTEERED				
	Organization (1)	Organization (2)	Organization (3)	Organization (4)
<b>Organization Name</b>				
<b>Month</b>	<b>Enter your hours, by month, for each organization below.</b>			
July				
August				
September				
October				
November				
December				
<b>Totals</b>				

**Grand Total Hours:** \_\_\_\_\_

**PLEASE NOTE:**

In order to recognize the efforts of Alliant Energy employees and retirees, promote the volunteer program and help to increase participation, we may sometimes publicize (*in internal publications, news releases or advertisements, for example*) the names and volunteer activities of those who participate in the program.

**If you would prefer not to have your name used in these communications, please check here:**     

I certify that the above information is correct and that I have volunteered for the named organization(s) during the period stated. I will receive no material benefits from this volunteer grant. I further certify that I have read and understand the program guidelines.

Volunteer Signature	Date
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Grants are awarded, based on a participant's eligible volunteer service from July 1 - December 31, 2017. Please check the box that corresponds with the "Total Hours" and complete Part 3:

- 25 to 74 volunteer hours:** \$50 grant to any one eligible recipient, or
- 75 to 99 volunteer hours:** \$150 grant to any one eligible recipient, or
- 100+ hours:** \$200 grant to any one eligible recipient.

PART 3 - ORGANIZATION INFORMATION			
I understand that only 501(c)(3) tax-exempt organizations are eligible to receive this grant. It is my intent that my volunteer grant be given to the following tax-exempt organization which is located in our three state service territories, IA, MN or WI. A copy of the organization's 501(c)(3)-determination letter from the U.S. Department of Treasury/Internal Revenue Service is submitted with this application.			
Name of Organization			
Address	City	State	Zip

