Kroger Dollars for Doers

Supporting Good Work By Great People

Grant Application Form

SECTION 1: To Be Completed by Associate

Last Name _____ First Name _____

Division _____

Work Location _____ Work Telephone _____

Home Address _____

City _____ State _____ Zip Code _____

E-Mail _____

How long have you been a volunteer with this organization?

_____

Approximately how many hours per year do you serve?
(*Minimum requirement: 52 hours per year)*

_____

What specific duties do you perform?

_____

_____

_____

Are you a Board member of this organization? Yes No

I hereby certify that I do not receive compensation for my volunteer service, and that the information contained in this document is true and accurate to the best of my knowledge.

_____

Employee Signature _____ Date _____

SECTION 2: To Be Completed by Eligible Organization

Name of Organization _____ EIN # _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ FAX _____

Website _____

I hereby certify that the Associate has performed the volunteer service and hours as described and that this nonprofit organization is eligible to receive a *Dollars for Doers* grant from The Kroger Co. Foundation based on the program guidelines.

_____

Organization Contact Person *(please print)*

_____

Title

_____

Contact's signature _____ Date _____

Please return completed application form to:

Dollars for Doers Program
The Kroger Co. Foundation
1014 Vine Street
Cincinnati, OH 45202

E-mail: DollarsforDoers@kroger.com
Telephone: (513) 762-4449, Option 5