Home Office-based associates must submit forms di Note: All field applications should be turned in a		ling 'HOGRANTS' or fax to 479-273-6850.
Fax Number 475	9-273-6850 ~~ Call Center 800-530-	9925
ASSOCIATE/VOLUNTEER INFORMATION		
First Name (H.Oas shown in Outlook)	me	Social Security Number
Facility #/Dept # Location	ו City, State	Zip Code
H.O. only: If the grant is approved by the Walmar specific address or sent by interoffice mail to you		mail. Checks can be mailed to a
VOLUNTEER INFORMATION What were your specific duties as a volunteer	r? Please provide detailed informat	ion.
Where was your volunteer work performed?		
There are two deadlines per fiscal year. List the number should be submitted upon completion of 25 hours of very		
February 1 – July 16Total(1st Period)Hours:Deadline: July 16, 2010Minimum of 25 hours	August 1 – January (2 nd Period) Deadline: January 14,	Hours:
Were all hours completed off the clock and un	ncompensated? Yes 🗌 N	o 🛄
I certify, to the best of my knowledge, that the info to the Walmart Foundation to use any photo image		
Falsification of any information may result in my o		
Falsification of any information may result in my of Associate Signature		Date
	disqualification.	Date
Associate Signature	disqualification.	Date
Associate Signature RECIPIENT ORGANIZATION INFORMATION- a Complete Organization Name (as it appears o	disqualification.	Date representative only
Associate Signature RECIPIENT ORGANIZATION INFORMATION- a Complete Organization Name (as it appears o	disqualification.	Date representative only sific Program Name State Zip Code
Associate Signature RECIPIENT ORGANIZATION INFORMATION- a Complete Organization Name (as it appears o Mailing Address IRS Employer Identification Number/Tax ID Num	disqualification. to be completed by a paid organization on file with the IRS) Spec City umber (if applicable): Tax ID # is S	Date representative only ific Program Name
Associate Signature RECIPIENT ORGANIZATION INFORMATION- a Complete Organization Name (as it appears o Mailing Address	disqualification. to be completed by a paid organization on file with the IRS) Spec City umber (if applicable): Tax ID # is S	Date representative only sific Program Name State Zip Code
Associate Signature RECIPIENT ORGANIZATION INFORMATION- a Complete Organization Name (as it appears o Mailing Address IRS Employer Identification Number/Tax ID Num	disqualification. to be completed by a paid organization on file with the IRS) Spec City umber (if applicable): Tax ID # is S	Date representative only sific Program Name State Zip Code
Associate Signature RECIPIENT ORGANIZATION INFORMATION- to Complete Organization Name (as it appears of Mailing Address IRS Employer Identification Number/Tax ID Net Organizations must be listed in the most current IRS 50 State	disqualification.	Date representative only Sific Program Name State Zip Code digits, example: 22-0000555
Associate Signature RECIPIENT ORGANIZATION INFORMATION- to Complete Organization Name (as it appears of Mailing Address IRS Employer Identification Number/Tax ID Network Organizations must be listed in the most current IRS 50 State What will the VAP funds be used for?	disqualification. to be completed by a paid organization on file with the IRS) Spec City umber (if applicable): Tax ID # is s a Master File at the time of application. zation must sign below verifying ho above named person has volunteered the period indicated above. I confirm th	Date representative only State State Zip Code digits, example: 22-0000555 urs. the stated number of hours with our at I am in a paid leadership position
Associate Signature RECIPIENT ORGANIZATION INFORMATION- f Complete Organization Name (as it appears o Mailing Address IRS Employer Identification Number/Tax ID No Organizations must be listed in the most current IRS 50 State What will the VAP funds be used for? Compensated representative from the organization without compensation during the time with the above named organization. Active association	disqualification. to be completed by a paid organization on file with the IRS) Spec City umber (if applicable): Tax ID # is s a Master File at the time of application. zation must sign below verifying ho above named person has volunteered the period indicated above. I confirm th	Date representative only State State Zip Code digits, example: 22-0000555 urs. the stated number of hours with our at I am in a paid leadership position
Associate Signature RECIPIENT ORGANIZATION INFORMATION- a Complete Organization Name (as it appears o Mailing Address IRS Employer Identification Number/Tax ID No Organizations must be listed in the most current IRS 50 State What will the VAP funds be used for? Compensated representative from the organization without compensation during the time with the above named organization. Active associates cannot provide this verification.	disqualification. to be completed by a paid organization on file with the IRS) Spec City umber (if applicable): Tax ID # is s a Master File at the time of application. zation must sign below verifying ho above named person has volunteered the period indicated above. I confirm th	Date representative only sific Program Name State Zip Code digits, example: 22-0000555 urs. the stated number of hours with our at I am in a paid leadership position active Wal-Mart Stores, Inc.

Volunteerism Always Pays (VAP) – Associate Guidelines and Criteria

ASSOCIATE ELIGIBILITY

 All associates, regardless of length of service, actively employed with the company on the day the grant check is issued by the Walmart Foundation are eligible to apply. Temporary or inactive associates are not eligible to apply.

ELIGIBILITY PERIODS AND DEADLINES FOR SUBMITTING APPLICATIONS

February 1- July 16 (1st Period) Deadline is July 16, 2010 August 1 – January 14 (2nd Period) Deadline is January 14, 2011 *Fiscal year-end deadline*

VOLUNTEER SERVICE REQUIREMENTS

- Volunteers who have completed at least 25 hours of uncompensated volunteer service are eligible to apply. Service must be outside of the associate's normal work hours (hourly and salaried).
- Volunteers may receive up to 2 grants in each eligibility period for 2 different organizations for a total of 4 per fiscal year.
- Hours spent volunteering prior to employment with Wal-Mart Stores, Inc. cannot apply towards VAP.
- Volunteer hours can be carried over from one 6-month period to the other and from one fiscal year to the other. Hours may only be used once on an application.
- Hours spent volunteering on Wal-Mart Stores, Inc. property MAY qualify for VAP if certain criteria are met.

ORGANIZATION ELIGIBILITY

- Organizations with current tax-exempt status under Section 501(c)(3) of the Internal Revenue Code are eligible. Organizations
 must be listed in the most current IRS 50 State Master File at the time of application.
- Recognized government entities for public purposes: state, county, and city agencies, including law enforcement and fire departments (additional information may be required).
- K-12 public schools/districts, charter schools, community/junior colleges, state colleges and universities.
- Private schools and colleges with current tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.
- Churches and other faith-based organizations with or without a current tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and with proposed projects that address and benefit the needs of the community at large (see below):

Examples of projects for churches and faith-based organizations that may qualify include (but are not limited to): Food banks, soup kitchens, shelters, job-skills training or tutoring programs that benefit the general public.

Examples of non-qualifying projects include (but are not limited to):

Equipment, renovations, or buildings for a church or any project benefiting members/groups within the organization, such as youth trips, mission trips, church camps, Sunday schools, or other religious activities that are for the primary benefit of the organization and its members.

VOLUNTEER APPLICATION PROCESS

- Upon completion of your volunteer service, print and complete the VAP application.
- The organization must sign the VAP application to verify the number of uncompensated hours that you volunteered.
- Submit the completed application to your manager who will key the grant into the Foundation's Online Grant System (WIRE).
 - **Division 1, 7,** and **18 field** locations all grants are keyed in the Foundation Online Grant System.
 - **Home Office** and **Home Office-based field associates** email to '**HOGRANTS**,' deliver them to the Walmart Foundation, or fax the application to 479-273-6850.
 - All applications must be submitted and verified by the location manager by the deadline stated above.
- In recognition of your volunteer work, a \$250 grant may be issued to the organization with which you volunteered; however this is not an automatic grant. The Walmart Foundation must approve all VAP grants.
- Associates may appeal a denied application in writing within 30 days of the rejection. See the WIRE for full details.
- The Walmart Foundation reserves the right to audit any application at any time.
- All VAP applications should be kept on file at for at least one year.

For further questions regarding the VAP program, please call 800-530-9925.

Visit WIRE/Me@ Walmart/Walmart Foundation/Volunteerism Always Pays for guidelines and eligibility requirements.