

# Pfizer Foundation Volunteer Program (PVP)

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

**Telephone:** (888) 782-3048 • **Fax:** 609-799-8019 • **Email:** pfizer@easymatch.com

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: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Division/Location: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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 X \_\_\_\_\_

Date: \_\_\_\_\_

## 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.

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.

Organization Name: \_\_\_\_\_

Employer ID 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 X \_\_\_\_\_

Date: \_\_\_\_\_

**If you have questions, please call 1-888-782-3048 or email pfizer@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.**

# Pfizer Foundation Volunteer Program (PVP) Guidelines

## PROGRAM OBJECTIVE

The Pfizer Foundation Volunteer Program is designed to encourage volunteerism and to recognize the outstanding volunteer efforts of Pfizer employees and retirees (see eligible retiree groups below).

To qualify for the grant, you must have volunteered 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

Individuals eligible for the program are U.S.-based regular full-time or regular part-time colleagues including those based in Puerto Rico.

Eligibility of retirees of an acquired company is determined based on the volunteer program offered to said retirees at the time of acquisition.

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

## RESTRICTIONS

- 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 not eligible
- Single events, including walk-a-thons, marathons, and bike-a-thons as well as training and fundraising for such events, are not eligible
- Gifts made to organizations that practice discrimination
- Religious organizations (e.g. churches, temples, synagogues, mosques) are not eligible

- Volunteer service may be eligible for a grant if the programs operated by faith-based social service organizations meet the following criteria:
  - The organization has a 501 (c)(3) determination letter from the IRS;
  - Volunteer work is with a program that is available and open to all individuals in the community;
  - The program is for non-religious purposes (such as a food pantry or domestic abuse shelter) and;
  - The organization does not use the program to promote any religion.
- Grants must be used within one year of receipt.

## HOW TO APPLY

For information including online or paper application, program guidelines and giving history:

- Log on to the portal at <http://employeegiving.pfizer.com>

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

**Pfizer Foundation Volunteer Program**  
P.O. Box 2072  
Princeton, NJ 08543-2072  
Email: [Pfizer@easymatch.com](mailto:Pfizer@easymatch.com)  
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: [Pfizer@easymatch.com](mailto:Pfizer@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.**