



## RETIREE TRACKING FORM AND GRANT APPLICATION

Please use this form only if you are a retiree without internet access. If you have internet access, please fill out the form at [aegivesback.com](http://aegivesback.com).

**INSTRUCTIONS:**

1. Retirees may use this form to log all volunteer hours from Jan. 1-Dec. 31.
2. Complete the entire form (including Parts 1, 2 and 3).
3. Make a copy of the completed form for your records and send the original, along with a copy of the organization's tax-exemption letter, to:  
**Alliant Energy Foundation, Attn: Volunteer Grants, 4902 N Biltmore Lane, Madison, WI 53718**
4. Return the form no later than Jan. 31 of each year.
5. Once the form has been reviewed and approved, the Alliant Energy Foundation will issue and send a check directly to the organization listed in Part 3.

PART 1 - VOLUNTEER INFORMATION				
Name		Employee ID Number		Home or Cell Phone No. (       )
Email Address	Home Address		City	State      ZIP Code

PART 2 - HOURS VOLUNTEERED				
	Organization (1)	Organization (2)	Organization (3)	Organization (4)
Organization Name				
Month	Enter your hours, by month, for each organization below.			
January				
February				
March				
April				
May				
June				
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 increase participation, we may publicize the names and volunteer activities of those who participate in the program, for example in internal publications, news releases and advertisements.

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

I certify the above information is correct and I volunteered for the named organization(s) during the period stated. I will receive no material benefits from this volunteer grant. I certify 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 Jan. 1 to Dec. 31. Please check the box that corresponds with the "Total Hours" and complete Part 3:

- 50 to 99 volunteer hours:** \$100 grant to any one eligible recipient.
- 100 to 149 volunteer hours:** \$200 grant to any one eligible recipient.
- 150 to 199 volunteer hours:** \$300 grant to any one eligible recipient.
- 200+ hours:** \$400 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 located in one of our three state service territories, Iowa, Minnesota and Wisconsin. I submit a copy of the organization's 501(c)(3)-determination letter from the U.S. Department of Treasury/Internal Revenue Service with this application.

You may divide your grant between multiple organizations as you like. Please provide the name, address and dollar amount for each organization to which you would like to donate.

Name of Organization			
Address	City	State	ZIP Code

Name of Organization			
Address	City	State	ZIP Code

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