

# MATCHING GIFTS FOR VOLUNTEER LEADERS Program Guidelines

The **Matching Gifts for Volunteer Leaders** program provides a way for Office Depot associates to demonstrate concern for the management of non-profit organizations.

The program will match your eligible gift to a qualifying organization, dollar-for-dollar.

## **Eligible Participants**

 All active, regular full-time U.S. associates (including Puerto Rico) with at least one (1) year of continuous service at the time the contribution was received by the qualifying institution.

# **Ineligible Participants**

 Temporary associates, and associates on a leave of absence or long-term disability.

#### Requirements

 Associate must be a member of the governing body of the non-profit organization to which they are contributing (ie, director, trustee).

#### **Contribution Levels:**

- \$25 minimum per gift, to an individual organization.
- \$5,000 maximum per person/per year, aggregate of all gifts under this program, regardless of the number of institutions.

# **Eligible Organizations**

In order to be eligible under this program, the non-profit organization must be based in the U.S., its territories or the Commonwealth of Puerto Rico and:

- Recognized by the Internal Revenue Service (IRS) of the U.S. Treasury Department as tax exempt under the U.S. Internal Revenue Code Section 501(c)(3).
- Be an accredited public or private elementary or secondary school.

#### Ineligible Organizations

- Fraternal organizations that donate to other needy organizations.
- Political organizations or activities, professional associations and veterans' organizations.
- Religious organizations.
- Participation in single, short-term events (e.g., bike-a-thons, food drives).
- Organizations whose IRS tax-exempt status has expired.

#### **How to Apply**

- Associate completes Part 1 of the application form, and forwards the entire form (including these program guidelines) to the organization.
- An authorized Financial Officer of the organization completes and signs Part 2, and returns the form, together with a copy of the most current 501(c)(3) IRS determination letter to the address listed on the bottom of the form.

#### **Application Processing**

- Upon receipt of the application form, the Office Depot program administrator will review and after determining eligibility, will authorize payment in accordance with the provisions of the program.
- The Office Depot program administrator will notify the associate if the matching gift has (has not) been approved for processing.
- Applications are accepted on an on-going basis, and are processed on a monthly basis.
- Gifts of securities are valued based on the average of the high and low price on the date the gift is received by the organization.
- Incomplete forms and/or documentation may delay the review process, and will be returned to the organization and/or associate.
- The Office Depot program administrator must receive all application forms and final documentation no later than March 15<sup>th</sup> for any contributions made during the previous January – December calendar year.

#### **Program Administration**

- While it is intended that this program will be a continuing program, it is subject to amendment, suspension or termination at any time.
- If a matching gift is at any time found to have been generated by an ineligible individual, this falsification of information would lead up to, and include, termination of employment.
- If a matching gift were found, at any time, to have been generated by an ineligible organization, the falsification of information would lead up to and include permanent removal of the organization from future participation in the Program.
- Office Depot shall determine the interpretations and the administration of this program, and decisions shall be final.
- Office Depot reserves the right to request further supporting documentation it considers necessary.
- All organizations must demonstrate a commitment to diversity and equal opportunity. In addition, all organizations must be nonsectarian and nondenominational.
- Associates may obtain additional Matching Gifts for Volunteer Leaders forms on the Benefits Portal at myODBenefitsPlus.com.
- If you have any questions, please contact:

Office Depot, Inc. Matching Gifts for Volunteer Leaders C500C 6600 North Military Trail Boca Raton, FL 33496 (561) 438-7856



# **M**ATCHING GIFTS FOR VOLUNTEER LEADERS

Application Form

PART 1 – To	be <u>com</u>	pleted by the Of	fice Der	oot associ <u>ate</u>			
Associate Name (Last, First, Initial)				EMP ID#		Full-Time Hire Date	
Location # Department				Job Title			
Home Address				City, State, ZIP			
Name of Nonprofit Organiz	ation						
Your Leadership Title at th	e Nonprofit C	Organization (ie, Board Mem	nber, Trustee)				
Type / Amount of Gift  Cash / Check / Credit Card			☐ Stock	k Name of stock:			
Amount \$			# shares _	Trade symbol:			
Note: Value of matching gift will be based on the average of the high and low price on the date the gift was received by the organization.							
I certify that the information submitted is correct and that the gift is a personal contribution (not merely a pledge) and that it meets all of the conditions of this program. I authorize the organization to report this gift to the Program for purposes of applying for a matching grant to certify that I am a member of the governing body of the organization named. I further certify that my gift, nor the Company match, represents in any way payment in exchange for benefits received, nor is it given because I expect some monetary or other benefit to be given tome or any other person named by me.							
Signature of Associate					ı	Date	
PART 2 - To b	e comp	oleted by an aut	horized	Financial Office	r of t	he organization	
Organization Name				Tax Identification Number (required)			
Address							
City, State, ZIP			Phone (incl	uding area code)	Fax (i	ncluding area code)	
Financial Officer Name (Printed)				Financial Office Title			
Date Gift Received	e Gift Received Type / Amount of Gift		☐ Cash / Check / Credit Card			☐ Stock # shares	
I verify receipt of the charitable gift described by the donor, and I hereby certify that this organization is non-profit and meets the requirements of being either a 501(c)(3) organization or an accredited public or private secondary or elementary school. By signing below, I acknowledge that this gift does not represent payment for tuition, services, fees or any other direct tangible benefits to be given to the donor or any person named by the donor.							
Signature of Financial Officer					Date		
Attach a copy of the	most rece	ent 501(c)(3) determi	nation lett	er (required) from the	IRS,	and return with this form to:	
Office Depot, Inc. Matching Gifts for Volunteer Leaders C500C 6600 North Military Trail Boca Raton, FL 33496							
For Office Depot Use	Only						
Date Received:		Date Processed:		Amount Processed:		Date Check Mailed:	
Additional Notes:				Signature of Program Administrator:			