

CREATE DATE: _____

Request to Approve or Renew A Volunteer Program

INSTRUCTIONS: This form must be emailed to the following address: as.stateaccounting@nebraska.gov. Please enter **Volunteer Program** in the subject line.

DISCLOSURE: This form is completed and provided to DAS-State Accounting in accordance to State Accounting Manual General Policy #15. Volunteer/Provider Expenses.

Agency Name: _____

Please check one: New Program: Renewal Request:

General:

1. Name and type of program to be established or renewed:

2. Estimated number of volunteers/providers:

3. Types of services to be provided by the volunteers/providers:

Expenses:

4. Types of expenses to be incurred?

5. Total estimated annual expenses for the program:

6. How are you planning to manage and track project costs? **Use object codes 523000 or 574700 to record these expenses.**

Agency Contact Name _____ Contact Phone # _____
Address _____
City, State, Zip _____

Renewal

To renew a volunteer program you will need to complete questions 1 – 6 above **and** the questions below. For fiscal year information, please use the previous full fiscal year of transactions to answer these questions:

- 7. Number of volunteers/providers who participated in the program during the past full fiscal year:

- 8. Number of events held during the past full fiscal year:

- 9. Annual volunteer/provider expenses for this program during the past full fiscal year:

- 10. Benefits this program provided during the past full fiscal year:

If you have any questions, please email them to as.stateaccounting@nebraska.gov with **Volunteer Program** in the subject line.

*****Administrative Services Use Only*****

Date Received _____

Date Forwarded for Approval _____

Approved by SA Supervisor _____ Date _____

Approved by SA Administrator _____ Date _____

EXPIRATION DATE: _____