

Request to Approve or Renew a Volunteer Program

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

Agency Name: _____

Please check one: New Program Renewal Request

1. Name and type of Program to be established:

2. Annual estimated number of volunteers/providers: _____

3. Type of services which will be provided by the volunteers/providers:

Expenses: For those programs where the estimated annual expense is equal to or greater than \$10,000, the letter accompanying this form must be from the Agency Director.

4. Types of expenses to be incurred:

5. Total estimated annual expenses for the program: _____

6. Identify how the expenses will be tracked in the accounting system:

Agency Contact Name _____ Contact Phone # _____

Renewal

To renew a volunteer program you will need to complete questions 1 – 6 above **and** the questions below.

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

8. Number of events held this fiscal year:

9. Annual volunteer/provider expenses for this program for last fiscal year:

10. Benefits this program provided:

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 _____

Approved by AS State Accounting _____ **Date** _____

Approved by AS Director _____ **Date** _____