**CHARITABLE CONTRIBUTIONS POLICY**

**PURPOSE**

At [EMPLOYER'S NAME], we take pride in supporting the communities where our employees [and customers] live and thrive. Our dedication to empowering employees and helping them achieve their personal and professional goals extends to making meaningful contributions to charitable causes.

This policy outlines the criteria and conditions under which [EMPLOYER'S NAME] provides support to eligible charitable [and educational] organizations. This policy reflects our commitment to creating a positive impact both within and beyond our organization while adhering to the specific charitable giving regulations outlined under Florida law.

[EMPLOYER'S NAME] may offer charitable contributions in the form of cash donations or in-kind support, which may include:

* [Company products or goods.]
* [Professional services.]
* [Physical property.]

**POLICY APPLICABILITY**

This policy governs all charitable contributions made by [EMPLOYER'S NAME], including those made by any operating units or subsidiaries where [EMPLOYER'S NAME] holds a majority interest or has management control. It should be reviewed alongside [EMPLOYER'S NAME]’s Foreign Corrupt Practices Act (FCPA) Anti-Corruption Policy and [Code of Ethics/Conflict of Interest] Policy.

Requests for commercial sponsorships or cause-related marketing initiatives are considered marketing expenses and fall outside the scope of this policy.

This policy does not restrict employees from making charitable contributions in their personal capacity.

**ELIGIBILITY REQUIREMENTS FOR CHARITABLE CONTRIBUTIONS**

[EMPLOYER'S NAME] provides charitable contributions, including matching gifts, exclusively to organizations that qualify as tax-exempt under Section 501(c)(3) of the Internal Revenue Code. All contributions are made in full compliance with the Foreign Corrupt Practices Act (FCPA), anti-bribery regulations, and applicable local laws, including charitable giving laws applicable in Florida.

Contributions will not be made to:

* Individuals.
* Religious organizations.
* Political campaigns, organizations, or events.
* Labor unions.
* Organizations or programs that:
	+ Discriminate based on characteristics such as age, gender, race, religion, sexual orientation, gender identity, veteran status, marital status, disability, or other legally protected categories.
	+ Fund or support terrorist activities.
	+ Present a conflict of interest for [EMPLOYER'S NAME].

Charitable donations are never made in exchange for services, products, or business favors, nor are they intended to secure direct business benefits.

**PRIORITIZATION OF CONTRIBUTIONS**

[EMPLOYER'S NAME] gives priority to organizations that meet the following criteria:

* Operate within communities where [EMPLOYER'S NAME]'s employees and customers are based.
* Engage [EMPLOYER'S NAME]'s employees as active volunteers.
* Support initiatives related to:
	+ [Health and wellness.]
	+ [Youth and children.]
	+ [Veterans’ services.]
	+ [Education.]
	+ [Science and technology.]
	+ [Arts and culture.]
	+ [Environmental protection.]
	+ [Animal welfare.]
	+ [Social services.]
	+ [Humanitarian aid.]

**PROCEDURES FOR REQUESTING CHARITABLE CONTRIBUTIONS**

While [EMPLOYER'S NAME] is committed to supporting nonprofit organizations, limited resources make it impossible to accommodate every request. Eligible nonprofit organizations can request financial or in-kind contributions by submitting a written application to [CONTACT INFORMATION].

To facilitate [EMPLOYER'S NAME]'s review process and ensure alignment with corporate goals, the written request must include:

* The organization’s name, tax identification number, address, phone number, website, mission statement, and the geographic area it serves.
* The name, title, phone number, and email address of the organization’s primary contact person.
* Proof of the organization’s 501(c)(3) tax-exempt status (e.g., IRS determination letter).
* The requested contribution amount and whether it is cash or in-kind.
* The purpose of the request and the estimated number of individuals who will benefit.
* A description of how the organization plans to evaluate the success of the funded program or project.
* A detailed project or program budget for which funding is requested, as well as the organization’s current operating budget and most recent financial statement.
* A list of the organization’s officers and directors, along with their affiliations.
* A list of the organization’s other corporate donors.
* [Details of any previous contributions received from [EMPLOYER'S NAME], including:
	+ [Date,
	+ Amount,
	+ Purpose, and
	+ Impact.]
* Any additional information requested by [EMPLOYER'S NAME], which may include a meeting with representatives of the organization.

**APPROVAL AND NOTIFICATIONS**

Organizations approved for support will be notified within [NUMBER] [days/weeks] of submitting their request. If no response is received within [NUMBER] [days/weeks], the request should be considered denied.

If a request is denied, the organization must wait at least [NUMBER] months before submitting a new application. [EMPLOYER'S NAME] does not respond to mass mailings or unsigned requests, and incomplete applications may not be reviewed.

**DISCRETION OF CONTRIBUTIONS**

All charitable contributions are made at [EMPLOYER'S NAME]’s discretion. [EMPLOYER'S NAME] reserves the right to deny any request for support.

**EMPLOYEE DONATION MATCHING PROGRAM**

[EMPLOYER'S NAME] proudly supports its employees’ philanthropic efforts by matching eligible charitable donations on a 1:1 basis. For donations of $[NUMBER] or more, [EMPLOYER'S NAME] will match contributions up to a maximum of $[NUMBER] annually per employee. Employee donations must be made via check, credit card, or marketable securities with a quoted market value. Donations in other forms, including personal or real property, are not eligible for matching.

Eligibility

All regular full-time [and part-time] employees may participate in this program. However, interns, temporary employees, contractors, consultants, retirees, spouses, partners, and dependents are not eligible to request matching contributions.

How to apply

Employees must submit their matching gift requests to the [DEPARTMENT NAME] by [DATE] to ensure processing and payment within [EMPLOYER'S NAME]’s [calendar/fiscal] year. [Employees can obtain the matching gift request form [via the company intranet/by contacting the [DEPARTMENT NAME]].]

[EMPLOYER'S NAME] reserves the right to verify the eligibility of any donation before issuing a matching contribution. The recipient organization must confirm the employee’s gift in writing if requested by [EMPLOYER'S NAME]. Approved matching contributions will be sent directly to the qualified charitable organization.

Program oversight

[EMPLOYER'S NAME] determines the interpretation, application, and administration of this policy, and all decisions made under the program are final.

Modifications to the program

[EMPLOYER'S NAME] reserves the right to amend, modify, or terminate the employee matching gift program at any time without prior notice. All information regarding employee donations will be handled confidentially.

**POLICY OVERSIGHT AND ADMINISTRATION**

The [DEPARTMENT NAME] oversees the implementation and enforcement of this policy and ensures compliance with charitable giving regulations under Florida law. Employees or organizations with questions about [EMPLOYER'S NAME]'s charitable contribution practices [or its employee donation matching program] that are not addressed in this document are encouraged to contact the [DEPARTMENT NAME] for assistance and clarification.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The terms outlined in this policy are intended to complement, not override, amend, or replace, any provisions established in a collective bargaining agreement between a union and [EMPLOYER'S NAME]. Employees covered by such agreements should consult the specific terms of their collective bargaining agreement. In cases where this policy conflicts with the terms of the agreement, the collective bargaining agreement will take precedence.

**PROTECTED CONDUCT**

This policy does not restrict or discourage employees from engaging in activities protected under state or federal law, including the National Labor Relations Act. Such activities include, but are not limited to:

* Discussing wages, benefits, or terms and conditions of employment.
* Forming, joining, or supporting labor unions.
* Bargaining collectively through chosen representatives.
* Raising concerns about workplace conditions for mutual aid or protection.
* Participating in activities required or protected by applicable law.

[EMPLOYER'S NAME] fully respects employees' rights to engage in these legally protected activities.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date