



## Request for TEP or UES Community Action Team (CAT) Volunteers Form

**Requesting organization to complete form and return to appropriate Steering Committee for review at monthly meeting:**

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Apache Springerville, TEP, Springerville Generating Station, P. O. Box 2222, Springerville, AZ 85938 | <b>FAX:</b> 928-337-7454 |
| <input type="checkbox"/> Cocino Flagstaff, UNS Gas, Inc., 2901 West Shamrell Blvd, Suite #110, Flagstaff, AZ 86001            | <b>FAX:</b> 928-779-5338 |
| <input type="checkbox"/> Mohave Kingman, UNS Electric and Gas, Inc., 2498 Airway Avenue, Kingman, AZ 86401                    | <b>FAX:</b> 928-681-8915 |
| <input type="checkbox"/> Mohave Lake Havasu City, UNS Electric and Gas, Inc., 3198 Sweetwater Ave, Lake Havasu City, AZ 86406 | <b>FAX:</b> 928-854-5052 |
| <input type="checkbox"/> Navajo Show Low, UNS Gas, Inc., 1480 North 16th Street, Show Low, AZ 85901                           | <b>FAX:</b> 928-537-3994 |
| <input type="checkbox"/> Pima Tucson, TEP, Mail Stop ID UE102, P. O. Box 711, Tucson, AZ 85702                                | <b>FAX:</b> 520-545-1424 |
| <input type="checkbox"/> Santa Cruz, UNS Electric and Gas, Inc., P. O. Box 280, Nogales, AZ 85628                             | <b>FAX:</b> 520-761-7947 |
| <input type="checkbox"/> Yavapai Prescott, UNS Gas, Inc., 6405 Wilkinson Drive, Prescott, AZ 86301                            | <b>FAX:</b> 928-717-1794 |
| <input type="checkbox"/> Yavapai Verde Valley/Cottonwood, UNS Gas, Inc., 500 South Willard, Cottonwood, AZ 86326              | <b>FAX:</b> 928-634-8994 |

**Request Date:** \_\_\_\_\_ **Project Date:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Agency Phone:** ( ) \_\_\_\_\_

**Contact Person and Title:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Contact Phone:** ( ) \_\_\_\_\_ **Cellular Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Agency Location/Mailing Address:** \_\_\_\_\_ **501 (c) (3) #:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_ **Project Address:** \_\_\_\_\_

TEP  UES  (check one/both) **employee(s) involved with agency:** \_\_\_\_\_

**BRIEF description of proposed volunteer activity, including number of volunteers needed, age limitations and resources needed (descriptive information may be attached):** \_\_\_\_\_  
\_\_\_\_\_

**Are you requesting financial aid in addition to volunteers? If yes, indicate amount and due date (please allow 3 weeks):** \_\_\_\_\_

**Are you requesting in-kind assistance? If yes, please check all that apply:**  **Light Plant(s)**  **Generator(s)**  **Other**  
**Specify what difference this volunteer activity will make to your agency customers and the community:**  
\_\_\_\_\_  
\_\_\_\_\_

### **For TEP/UES CAT Steering Committee Use Only**

**Accepted:**  **Reason:** \_\_\_\_\_ **Project Coordinator:** \_\_\_\_\_

**Mail Stop ID:** \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_ **Cellular Phone:** ( ) \_\_\_\_\_ **Pager:** \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**Date W-9 Requested:** \_\_\_\_\_ **Date W-9 Received and/or Faxed to Community Relations (520-545-1425):** \_\_\_\_\_

*Note: If the organization will accept a "charge by phone" or provided a W-9 in 2007, a W-9 form will not be required. Confirm with CR Director.*

**Declined**  **Reason:** \_\_\_\_\_

**Agency Contacted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Not e to Chair: If declined, please forward form to CR Coordinator at end of each calendar year.*