

**2017 RPAC Partnership Program**  
**Phone-A-Friend for RPAC**  
**Fundraising Grant**  
**Reimbursement Form**

NAR will provide reimbursement of up to \$500.00 per pre-approved Phone-A-Friend for RPAC Fundraising grant. To be reimbursed, you must submit the 2017 RPAC Phone Bank Reimbursement Form within 30 days of hosting your phone bank and receipts for the reimbursable charges.

Reimbursable items include, but are not limited to the following:

- Food
- Awards
- Promotional Materials

**Receipts and this form must be scanned in and submitted within 30 days of the event taking place. You will not be reimbursed until we receive both receipts and this form.** Please email receipts and evaluation form to [KNaehu@realtors.org](mailto:KNaehu@realtors.org).

**Contact Information**

|                  |  |
|------------------|--|
| Association Name |  |
| Staff Contact    |  |
| Membership       |  |
| Street Address   |  |
| City, State, Zip |  |
| Phone            |  |
| Email Address    |  |

**Phone Bank Information**

|  |  |
|--|--|
| Event Name                                   |  |
| Event Date                                   |  |
| Location                                     |  |
| Number of volunteer callers                  |  |
| Participation Percentage Prior to Phone Bank |  |
| Participation Percentage After Phone Bank    |  |
| Number of calls placed                       |  |

|                                    |  |
|------------------------------------|--|
| Average investment per call        |  |
| Number of new RPAC Investors       |  |
| Number of new RPAC Major Investors |  |

**Event Expenses**

**LIST AND TOTAL** all associated expenses for which you will be seeking reimbursement.

**Additional Comments**

Please include any other comments you would like to include about your event:

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. Additionally, I have ensured the appropriate funds have been transferred to National RPAC.

|                          |  |
|--------------------------|--|
| Name (printed signature) |  |
| Date                     |  |

Please email receipts and evaluation form to [KNaehu@realtors.org](mailto:KNaehu@realtors.org).