**APPENDIX A:**

**Community Relationship-Building Approval Form**

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| **EMPLOYEE INFORMATION** | | | | | |
| Employee name: | | | | | Division: |
| Organization information | Organization: | | | | |
| Address: | | | | |
| Website: | | | | |
| Describe the organization’s mission and who it serves: | | |  | |
| Describe the service(s) you will provide to the organization: | | |  | |
| Explain how providing these services to this organization will meet the following outreach and equity goals: | | | | |
| 1. Advancing the Auditor’s Office’s equity and outreach goals by building relationships with community-based organizations. | | |  | |
| 1. Raising community awareness about the services and information available from the Auditor’s Office, with a focus on historically underserved communities. | | |  | |
| 1. Providing services that enhance and serve the communities in the Portland area. | | |  | |
| *Employee certification*: I have confirmed that the organization needs and/or wants my assistance: 🞏 YES | | | | |
|  | Does this organization receive funding from the City of Portland, a City Bureau or Prosper Portland? 🞏 YES 🞏 NO | | | | |
| Date(s) and time(s) of planned volunteer work: | | |  | | |
| Total number of hours requested: | | |  | | |
| *Employee certification:* I have read and understand Auditor’s Office Administrative Rule 3.17: 🞏 YES | | | | | |
| Employee signature: | |  | | | |
| **SUPERVISOR AND AUDITOR APPROVAL** | | | | | |
| Supervisor signature: | | | | | |
| City Auditor signature: | | | | | |