



LOBBYING NOTIFICATION FORM

Fund Name: _____

Employee Name: _____

Please Describe the Activity Performed: _____

Number of Total Hours: _____

Number of Hours Direct Lobbying: _____

Number of Hours Indirect Lobbying: _____

Please provide a completed copy of this form to Barb Charney, Accounting Associate, at accounting@nonprofit-partners.org.

An online version of this form can be found on our website at non-profitpartners.org/forms-documents.