

Grantee: _____

Grant Number and Project Title: _____

Name of Staff Member or Volunteer: _____

Check one: **In-kind** (staff time)
 Donated (volunteer time)

What type of work was performed? How did you calculate the hourly rate?

5. In-kind or donated services

<u>Date</u>	<u>Time Worked</u> <i>(e.g. 1-4 p.m.)</i>	<u>Total Hours</u>	<u>Hourly Pay</u>	<u>Wage value</u>

Total Value of Labor: _____

Signature of Staff or Volunteer

Date

Signature of Project Director

Date

DONATED MATERIALS FORM

(Only required if you are using donated materials as match)

Grantee: _____

Grant Number and Project Title: _____

Name of Donor: _____

DONATED MATERIALS:

Description of Materials Date Fair Value Basis of Valuation

Description of Materials	Date	Fair Value	Basis of Valuation

Total Value of Donation: _____

Signature of Materials Donor

Date

Signature of Project Director

Date