

# Idaho Pacific Coastal Salmon Recovery Fund Program

## In-Kind Match Contribution Form: Donated Personnel\*

PCSRF project number: \_\_\_\_\_

Project name: \_\_\_\_\_

Donated employee name: \_\_\_\_\_

Organization providing the employee: \_\_\_\_\_

Date(s) of service	Total hours worked	Location(s) of service	Rate exclusive of overhead and profit (and fringe benefits for governmental organizations)	Total value claimed
<b>TOTALS</b>				

Description of services performed:

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Donated employee signature and date

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Donated employee supervisor's signature and date

*To the best of my knowledge, the above-named individual performed the listed services for the above project during the stated time. Documentation establishing the employee's existing rate of pay for performing like services is attached.*

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Printed name and title of subrecipient representative

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Signature and date

\* Donated personnel is work for an employer other than the subrecipient and the employee is paid for their work by that employer.

# Idaho Pacific Coastal Salmon Recovery Fund Program

## In-Kind Match Contribution Form: Volunteer Services\*

*(Please use one form for each volunteer)*

PCSRF project number: \_\_\_\_\_

Project name: \_\_\_\_\_

Volunteer name: \_\_\_\_\_

Date(s) of service	Total hours worked	Location(s) of service	Rate (including fringe benefits)	Total value claimed
<b>TOTALS</b>				

### Rate valuation (check one):

Volunteer's existing rate of pay for performing similar services (attach documentation)

Subrecipient's rate of pay for similar services (attach documentation)

Rate comparable to wages paid for similar services in the same labor market (attach documentation and explain below):

*Describe how the rate was determined, including fringe benefits:*

### Description of services performed and how they are integral to the project:

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### Volunteer signature and date

*I certify that the above information is accurate and that the above-named volunteer performed the listed services for the above project during the stated time.*

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### Printed name and title of subrecipient representative

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### Signature and date

\* Volunteers are individuals who are donating their time to the project without compensation by any entity.

# Idaho Pacific Coastal Salmon Recovery Fund Program

## In-Kind Match Contribution Form: Consumable Supplies\* for Subrecipients

PCSRF project number: \_\_\_\_\_

Project name: \_\_\_\_\_

Description of Donated Item(s)	Date Provided or Used	Fair Market Value (attach documentation)
<b>Total Value Claimed</b>		

Description of how the item(s) were used on the project:

Description of how the value of the supplies was determined, including the names of all third parties that provided quotes (attach quotes and/or other documentation):

*I certify that the above information is accurate and that the above supplies were not purchased with federal funds and were donated for and were used on the stated project.*

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**Printed name and title of subrecipient representative**

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**Signature and date**

\* Consumable supplies are supplies that are “used up” with a single use (e.g. laboratory supplies, groceries).

# Idaho Pacific Coastal Salmon Recovery Fund Program

## In-Kind Match Contribution Form: Equipment\* for Subrecipients

PCSRF project number: \_\_\_\_\_

Project name: \_\_\_\_\_

Description of equipment and how it was used on the project:

**Describe the period of equipment use (e.g., hours, days, weeks, months) including the dates and hours of use per day, if applicable:**

Fair market value of like equipment in like condition (attach documentation): \_\_\_\_\_

Cumulative value of equipment approved as match to-date (excluding this invoice): \_\_\_\_\_

Available value remaining (fair market value less previously approved value): \_\_\_\_\_

Use rate (e.g., \$100/day): \_\_\_\_\_ Total use this period (e.g., 10 days): \_\_\_\_\_

Total value claimed with this submission: \_\_\_\_\_

**Describe how the use was determined, including the names of all third-party rental companies that provided quotes and their rental rates (attach quotes and/or other documentation):**

*I certify that the above information is accurate and that the above equipment was not purchased with federal funds and was used on the above project for the described services during the stated time.*

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**Printed name and title of subrecipient representative**

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**Signature and date**

\* Equipment is any item with a current market value of \$5,000 or more and a useful life of more than a year. The total value claimed over the life of the project may not exceed the purchase price of a like item in like condition.

*Updated 4/15/19*

# Idaho Pacific Coastal Salmon Recovery Fund Program

## In-Kind Match Contribution Form: Non-Consumables\* for Subrecipients

*(Please use one form for each item donated)*

PCSRF project number: \_\_\_\_\_

Project name: \_\_\_\_\_

Description of the item and how it was used on the project:

Describe the period of use (e.g., hours, days, weeks, months) including the dates and hours of use per day, if applicable:

Fair market value of like item in like condition (attach documentation): \_\_\_\_\_

Cumulative value of item approved as match to-date (excluding this invoice): \_\_\_\_\_

Available value remaining (fair market value less previously approved value): \_\_\_\_\_

Use rate (e.g., \$100/day): \_\_\_\_\_ Total use this period (e.g., 10 days): \_\_\_\_\_

Total value claimed with this submission: \_\_\_\_\_

Describe how the rate was determined, including the names of all third-party rental companies that provided quotes and their rental rates (attach quotes and/or other documentation):

*I certify that the above information is accurate and that the above item was not purchased with federal funds and was used on the above project for the described services during the stated time.*

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**Printed name and title of subrecipient representative**

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**Signature and date**

\* Non-consumables are supplies that have an extended useful life (i.e., are not “used up” through one or several uses) and cost less than \$5,000. Examples include cameras, tools, and computer equipment. The total value of an item claimed over the life of the project may not exceed the purchase price of a like item in like condition.

*Updated 4/15/19*

# Idaho Pacific Coastal Salmon Recovery Fund Program

## In-Kind Match Contribution Form: Donated Services\* for Subrecipients

PCSRF project number: \_\_\_\_\_

Project name: \_\_\_\_\_

Date(s) the services were donated: \_\_\_\_\_

Description of the donated services:

### Valuation (check one):

Subrecipient's standard rate for performing similar services (attach documentation):

Rate: \_\_\_\_\_ Units of use this period: \_\_\_\_\_ Total value claimed \_\_\_\_\_

Actual costs of performing the services (attach documentation of costs and explain below):

Total value claimed \_\_\_\_\_

Describe the costs involved in performing this service:

*I certify that the above information is accurate and that listed services were donated for the above project during the stated time.*

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**Printed name and title of subrecipient representative**

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**Signature and date**

\* Use this form for non-personnel services provided by the subrecipient for which the subrecipient would normally charge a fee (e.g., sample analysis).

*Updated 4/15/19*

# Idaho Pacific Coastal Salmon Recovery Fund Program

## In-Kind Match Contribution Form: Equipment\* for Third Parties

PCSRF project number: \_\_\_\_\_

Project name: \_\_\_\_\_

Name of entity providing equipment: \_\_\_\_\_

Description of equipment and how it was used on the project:

Describe the period of equipment use (e.g., hours, days, weeks, months) including the dates and hours of use per day, if applicable:

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Printed name and title of equipment owner

Signature and date

Fair market value of like equipment in like condition (attach documentation): \_\_\_\_\_

Cumulative value of equipment approved as match to-date (excluding this invoice): \_\_\_\_\_

Available value remaining (fair market value less previously approved value): \_\_\_\_\_

Use rate (e.g., \$100/day): \_\_\_\_\_ Total use this period (e.g., 10 days): \_\_\_\_\_

Total value claimed with this submission: \_\_\_\_\_

Describe how the use rate was determined, including the names of all third-party rental companies that provided quotes and their rental rates (attach quotes and/or other documentation):

*I certify that the above information is accurate and that the above equipment was not purchased with federal funds and was used on the above project for the described services during the stated time.*

---

Printed name and title of subrecipient representative

Signature and date

\* Equipment is any item with a current market value of \$5,000 or more and a useful life of more than a year. The total value claimed over the life of the project may not exceed the purchase price of a like item in like condition.

Updated 4/15/19

# Idaho Pacific Coastal Salmon Recovery Fund Program

## In-Kind Match Contribution Form: Consumable Supplies\* for Third Parties

PCSRF project number: \_\_\_\_\_

Project name: \_\_\_\_\_

Description of Donated Item(s)	Date Provided or Used	Fair Market Value (attach documentation)
<b>Total Value Claimed</b>		

Description of how the item(s) were used on the project:

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Printed name and title of supplies owner

Signature and date

Description of how the value of the supplies was determined, including the names of all third parties that provided quotes (attach quotes and/or other documentation):

*I certify that the above information is accurate and that the above supplies were not purchased with federal funds and were donated for and were used on the stated project.*

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Printed name and title of subrecipient representative

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Signature and date

\* Consumable supplies are supplies that are “used up” with a single use (e.g. laboratory supplies, groceries).

# Idaho Pacific Coastal Salmon Recovery Fund Program

## In-Kind Match Contribution Form: Non-Consumables\* for Third Parties

*(Please use one form for each item donated)*

PCSRF project number: \_\_\_\_\_

Project name: \_\_\_\_\_

Name of entity providing non-consumables: \_\_\_\_\_

Description of the item and how it was used on the project:

Describe the period of use (e.g., hours, days, weeks, months) including the dates and hours of use per day, if applicable:

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**Printed name and title of supplies owner**

**Signature and date**

Fair market value of like item in like condition (attach documentation): \_\_\_\_\_

Cumulative value of item approved as match to-date (excluding this invoice): \_\_\_\_\_

Available value remaining (fair market value less previously approved value): \_\_\_\_\_

Use rate (e.g., \$100/day): \_\_\_\_\_ Total use this period (e.g., 10 days): \_\_\_\_\_

Total value claimed with this submission: \_\_\_\_\_

**Describe how the rate was determined, including the names of all third-party rental companies that provided quotes and their rental rates (attach quotes and/or other documentation):**

*I certify that the above information is accurate and that the above item was not purchased with federal funds and was used on the above project for the described services during the stated time.*

---

**Printed name and title of subrecipient representative**

**Signature and date**

\* Non-consumables are supplies that have an extended useful life (i.e., are not “used up” through one or several uses) and cost less than \$5,000. Examples include cameras, tools, and computer equipment. The total value of an item claimed over the life of the project may not exceed the purchase price of a like item in like condition.

*Updated 4/15/19*

# Idaho Pacific Coastal Salmon Recovery Fund Program

## In-Kind Match Contribution Form: Donated Services\* for Third Parties

PCSRF project number: \_\_\_\_\_

Project name: \_\_\_\_\_

Entity providing service: \_\_\_\_\_

Date(s) the services were performed: \_\_\_\_\_

Description of the donated services:

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**Printed name and title of service provider representative**      **Signature and date**

### Valuation (check one):

Entity's standard rate for performing similar services (attach documentation):

Rate: \_\_\_\_\_ Units of use this period: \_\_\_\_\_ Total value claimed \_\_\_\_\_

Actual costs of performing the services (attach documentation of costs and explain below):

Total value claimed \_\_\_\_\_

Describe the costs involved in performing this service:

*I certify that the above information is accurate and that the above-named entity performed the listed services for the above project during the stated time.*

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**Printed name and title of subrecipient representative**      **Signature and date**

\* Donated services include non-personnel services provided by a third party (i.e., not the subrecipient) for which the subrecipient would normally pay a fee (e.g., sample analysis, car rental).

# Idaho Pacific Coastal Salmon Recovery Fund Program

## In-Kind Match Contribution Form: Donated Land or Water Right Value for Third-Parties

PCSRF project number: \_\_\_\_\_

Project name: \_\_\_\_\_

Date of contribution (the date that the transfer of property takes place): \_\_\_\_\_

Description of how the donated land or water right pertains to the project:

Describe how the fair market value was determined, including the name(s) of the qualified appraiser (attach appraisal(s) and/or other documentation):

### Total Dollar Values:

Fair market value of land or water right (attach documentation): \_\_\_\_\_

Purchase price of land or water right (attach documentation): \_\_\_\_\_

Total in-kind value claimed with this submission: \_\_\_\_\_

*I certify that the above information is accurate and that the in-kind value claimed was donated for the project at the stated time and this value was not reimbursed to the landowner by any other entity.*

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**Printed name of landowner**

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**Signature and date**

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**Printed name and title of subrecipient representative**

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**Signature and date**