

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
TOTALS				

Description of services performed:

Donated employee signature and date

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.

Printed name and title of subrecipient representative

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.