

# 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.

*Updated 4/15/19*