APPENDIX H
RECREATIONAL TRAILS FUND
IN-KIND AND DONATED LABOR/SERVICES FORM

(1) Name of Project: ______________________ *(2) Project Number:* ______________

(3) Sponsor: ______________________ *(4) Page Number:* ______________

(5) Contact Name: ______________________ *(6) Phone Number:* ______________

(7) Name of Individual	*(8) Hours Worked*	*(9) Rate of Pay*	*(10) Total Amt. Donated*	*(11) Dates Work Performed*	*(12) Work Perfor*
	0.00	0.00	$0.00		
		(13) Total Amount Donated	**$0.00**		

(14) Donated Amount that may be applied to grant (Total Amt. X 80%) ► ______________

I certify that, to the best of my knowledge and belief, the above costs and accompanying documents are true and accurate.
I also certify that all expenses represented have not been applied to any other grants and are only applicable to this grant.

(14)____________________________
Signed, Authorized Grantee Official

(15)__________________________
Date