

Donated Labor Match Summary

WDNR

Cost Share Recipient _____ Grant Project # _____

Project Title _____

Date	Name of Volunteer	Description of Work Performed	Hours	Rate	Total	Signature of Volunteer

I hereby certify that the above donated services have been performed and that this claim is fair and correct.

Signature of Project Manager _____

Date _____

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* Federal regulations 43 CFR 12.64(c) related to matching or cost sharing states: Unpaid services provided to a grantee or subgrantee by individuals will be valued at rates consistent with those ordinarily paid for similar work in the grantee's or subgrantee's organization. If the grantee or subgrantee does not have employees performing similar work, the rates will be consistent with those ordinarily paid by other employers for similar work in the same labor market. In either case, a reasonable amount for fringe benefits may be included in the valuation.