

IN-KIND SERVICES DOCUMENTATION BUDGET

Local Government: _____
 Contract #: _____
 Project Title: _____
 Amount of Grant: \$ _____

A. Personnel

- Salaries (list each position claimed for in-kind match with yearly salary rate)

NAME OF EMPLOYEE	POSITION TITLE	YEARLY SALARY	HOURS CONTRIBUTED ¹	DOLLAR VALUE CONTRIBUTION

Total Personnel Support: Hours \$

B. Program Support

1. Office Supplies \$ _____
 2. Printing \$ _____
 3. Communication \$ _____
 4. Travel \$ _____
 5. Other \$ _____
 6. Other \$ _____

 Total Program Support \$ _____

C. **Total In Kind Services Contributed** \$ _____

D. **Overmatch** (any difference between services agreed to in contract and actual services contributed) \$ _____

¹Employees receiving federal funds are ineligible for in-kind matching purposes for federally funded projects.