IN-KIND SERVICES DOCUMENTATION BUDGET

Local Government: _____

Contract #: _____

Project Title: _____

Amount of Grant: $ _____

A. Personnel

1. 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) $ _____

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