## **SERVICE/EQUIPMENT IN-KIND CONTRIBUTION FORM**

## **GRANTEE ORGANIZATION:**

Municipality (Gran	ntee):			
Name of Project:				
-	led as part of	the approved pro	d/or equipment were donated in support of the project, ject cost estimate. Further, the service/equipment is a	
The undersigned ce made are true and o	•		pproved agent of Grantee and attests that the rep	presentations
Authorizing Signati	ıro		Date:	
Authorizing Signature Title:		Phone:		
Print Name:		E-mail:		
DONOR INFORMATION DONOR'S Name (P				
Donor's Email:		Phone #		
Date(s) of Service:	Rate:	Total Hours Worked:	Service Performed or Equipment Donated:	Fair Market Value of Service:
	F	TOTAL \$		
Rates based on:				
	I Il and/or tech	nical consultant se	ervices and labor rates must be consistent with those pai	d for similar
work in the regional la	abor market i	in which services	were performed.	
• •		•	byee's regular rate at the time services were performed.	
The value of donated condition at the time	· ·	upment must not	exceed the fair market value of equipment of the same a	age and