|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT’S COMPLETE DESCRIPTION OF CONTRIBUTIONS – *Please complete date, activity, hours, then sign & date.*** | | | | | | | | | | |
| **❺ DATE** | **❻ ACTIVITY** | **❼ HOURS** | **❽ MILES**  **(RT)** | **❾ LOCAL**  **TRANSPORT**  ***(Bus, Train, Cab, etc.)*** | **❾ Receipt?** | **❿ PARKING** | ❿ **Receipt?** | **OTHER (*Supplies, Facilities, Services, Equipment, Etc.)*** | | |
| ⓫ **Description** | ⓬ **Cost** | **⓬**  **Receipt?** |
|  |  |  |  | $ |  | $ |  |  | **$** |  |
|  |  |  |  | $ |  | $ |  |  | **$** |  |
|  |  |  |  | $ |  | $ |  |  | **$** |  |
|  |  |  |  | $ |  | $ |  |  | **$** |  |
|  |  |  |  | $ |  | $ |  |  | **$** |  |
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|  |  |  |  | $ |  | $ |  |  | **$** |  |
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| **SUBTOTALS** |  |  |  | **$** |  | **$** |  |  | **$** |  |

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| **🞶** **🞶** **🞶 *PARTICIPANT CERTIFICATION REQUIRED* 🞶** **🞶** **🞶** | **COST SHARE CONTACT ONLY** | |
| **I certify that this in-kind contribution:** | **RATES**  ④ Documented Hourly Rate:  $\_\_\_\_\_\_\_\_\_\_\_\_\_  ⑤ Volunteer Rate:  $\_\_\_\_\_\_\_\_\_\_\_\_\_  2018 = $25.40  2019 = $26.39 (as of July 2020)  2020 = $28.22 (as of July 2021)  ⑥ GSA Mileage Rate(s) :  $\_\_\_\_\_\_\_\_\_\_\_\_\_  2019 = $0.58/mile  2020 = $0.575/mile  2021 = $.56/mile (as of July 2021) | **CALCULATIONS**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Number |  | Rate |  | Total | | Hours | ⑦ | X | ⑧ $ | = | ⑨ $ | | Mileage | ⑩ | X | ⑪ $ | = | ⑫ $ | | Local Transport (receipts attached) | | | | | ⑬ $ | | Parking (receipts attached) | | | | | ⑭ $ | | Other (receipts attached) | | | | | ⑮ $ | | **GRAND TOTAL** | | | | | ⑯ $ |   **⑰ COMMENTS:**  **⑱ CSC Initial \_\_\_\_\_\_\_\_\_** |
| 1. Has been provided in the quantity and value noted while participating in the Marion County Natural Hazards Mitigation Plan (NHMP) Update. |
| 1. Is not and has not been claimed as a contribution, in-kind or otherwise, for any other federally-assisted project or program; |
| 1. Is necessary and reasonable for proper and efficient accomplishment of the Marion County NHMP Update. |
| 1. Has not been paid for by the Federal Government in other previous awards. |
| ⓭ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⓮ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ⓯ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_  ⓰ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ⓱ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ⓲ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ⓳ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⓴ Phone: \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **INSTRUCTIONS FOR COMPLETING THIS FORM – PARTICIPANT** | **INSTRUCTIONS FOR COMPLETING THIS FORM – COST SHARE CONTACT** |
| ***DO NOT* complete this form if:**   * Your time or services are supported in whole or in part by federal funds. * The source of your cash donation is federal funds. * Donated supplies were purchased in whole or in part with federal funds. * Donated space is supported in whole or in part by federal funds. | **Cost Share Contacts:**  **Please complete the grey-shaded spaces including the SUBTOTALS in the participant’s table.** |
| **STEP-BY-STEP INSTRUCTIONS**  The numbers below correspond to the ***white numbers in black circles*** on the form. | **STEP-BY-STEP INSTRUCTIONS**  The numbers below correspond to the ***black numbers in white circles*** in the grey-shaded areas of the form. |
| **In the header:** | **In the header:** |
| 1. Enter your name. | 1. Enter your name. |
| 2. Enter your organization. | 2. Enter your phone number. |
| 3. Enter “Y” if you are an employee or are self-employed and participating as part of your work. Enter “N” if not. | 3. Enter your phone email. |
| 4. If you entered “N” for #3, enter “Y” for #4. |  |
| **In the table:** | **In the “RATES” column:** |
| 5. Enter the date of your contribution. | 4. For an employee or self-employed participant for whom participation is part of their job or occupation, enter the documented hourly rate. |
| 6. Describe what you spent your time doing for the project (for example, travel to meeting, attend meeting, review draft risk assessment, etc.). | 5. Anyone else is a volunteer. Enter the volunteer rate that corresponds to the date of the activity. |
| 7. Enter the number of hours you spent doing the activity described on that line. | 6. Enter the GSA mileage rate that corresponds to the year the miles were driven. |
| 8. Enter the number of miles you drove roundtrip in your own personal vehicle to engage in the activity described on that line. | **In the “CALCULATIONS” column:** |
| 9. Enter the amount you paid for local transportation to engage in the activity described on that line **AND** check the box if you have a receipt for that payment. If you do, attach the receipt to this form. | 7. Enter the total number of hours the participant spent in project-related activity from the **SUBTOTAL** line in the participant’s table. |
| 10. Enter the amount you paid for parking your own personal vehicle to engage in the activity described on that line **AND** check the box if you have a receipt for that payment. If you do, attach the receipt to this form. | 8. Enter the correct hourly rate (documented or volunteer) for the participant. |
| 11. If you have purchased or donated supplies, facilities, services, equipment, etc. for the project, describe the purchase or donation. | 9. Multiply #7 by #9 and enter the product. |
| 12. Enter the purchase price or real market value of the donation **AND** check the box if you have a receipt for that payment or documentation of the real market value of the donation. If you do, attach the receipt or documentation to this form. | 10. Enter the participant’s total mileage from the **SUBTOTAL** line in the participant’s table. |
| 13. **READ AND SIGN THE CERTIFICATION**. | 11. Enter the correct GSA mileage rate. |
| 14. Enter the date you read and signed the certification. | 12. Multiply #10 by #11 and enter the product. |
| 15. Print your name. | 13. Enter the total amount the participant spent on local transportation ***for which receipts are attached***. |
| 16. Print your title. | 14. Enter the total amount the participant spent on parking ***for which receipts are attached***. |
| 17. Print your address. | 15. Enter the total amount the participant spent on other ***allowable*** ***expenses*** ***for which receipts are attached***. |
| 18. Print the name of your organization. | 16. Enter the GRAND TOTAL of all the participant’s ***allowable and documented expenses*** reported on this form. |
| 19. Print your email address. | 17. Enter any comments that will assist in reviewing this form (receipts to be delivered, expenses not allowed, etc.). |
| 20. Print your phone number. | 18. Initial the form. |