Donated Labor Match Summary **WDNR**

Cost Share Recipient_____ Grant Project #_____

Project Title_____

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

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

Signature of Project Manager_____ Date _____ **Page ___ of ___**

** Federal regulations 2 CFR 200.306(e) related to matching or cost sharing states: Volunteer services furnished by third-party professional and technical personnel, consultants, and other skilled and unskilled labor may be counted as cost sharing or matching if the service is an integral and necessary part of an approved project or program. Rates for third-party volunteer services must be consistent with those paid for similar work by the non-Federal entity. In those instances in which the required skills are not found in the non-Federal entity, rates must be consistent with those paid for similar work in the labor market in which the non-Federal entity competes for the kind of services involved. In either case, paid fringe benefits that are reasonable, necessary, allocable, and otherwise allowable may be included in the valuation*

Donated Supplies Match Summary **WDNR**

Cost Share Recipient_____ Grant Project #_____

Project Title_____

Date	Name of Donating Party	Signature of Donating Party	Value	Relation to Project Scope

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

Signature of Project Manager_____ Date _____ **Page ___ of ___**

***** *Federal regulations 2 CFR 200.306(d)(2) related to donated supplies and materials states: Values for non-Federal entity contributions of services and property must be established in accordance with the cost principles in Subpart E—Cost Principles. (2) The current fair market value. However, when there is sufficient justification, the Federal awarding agency may approve the use of the current fair market value of the donated property, even if it exceeds the value described in (1) above at the time of donation.*

Donated Equipment Match Summary

WDNR

Cost Share Recipient_____ Grant Project #_____

Project Title_____

Date	Name of Operator (Equipment)	Type of Equipment Used	Description of Work Performed	Hours	Rate	Total

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

Signature of Project Manager_____ Date _____ **Page ___ of ___**

** Federal regulations 2 CFR 200.306(i)(2,4) related to donated equipment or space states: (2) The value of donated equipment must not exceed the fair market value of equipment of the same age and condition at the time of donation. (4) The value of loaned equipment must not exceed its fair rental value.*