

## VOLUNTEER IN-KIND CONTRIBUTION FORM

**GRANTEE ORGANIZATION:**

<p><b>Municipality (Grantee):</b></p> <p><b>Name of Project:</b></p> <p><i>To the best of our knowledge, the below volunteer group or individual performed the listed service(s) on the specified date(s). Further, effort completed is an integral and necessary part of the approved project. The undersigned certifies that he or she is an approved agent of Grantee and attests that the representations made are true and correct on the date hereof.</i></p>
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<p>_____</p> <p>Authorizing Signature <span style="float: right;">Date:</span></p> <p>Title: <span style="float: right;">Phone:</span></p> <p>Print Name: <span style="float: right;">E-mail:</span></p>
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**VOLUNTEER DATA:**

**Volunteer's Name (Print):** \_\_\_\_\_

**Volunteer's Email:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Date(s) of Service:	Rate:	Total Hours Worked:	Service Performed:	Fair Market Value of Service:

**TOTAL \$**

Rates based on:	
<p>Rates used for volunteer service must be consistent with the volunteer hourly rate established for the State of NJ                  Find details here: <a href="http://www.independentsector.org/resource/the-value-of-volunteer-time/">http://www.independentsector.org/resource/the-value-of-volunteer-time/</a></p>	