**Value of Donated Personnel & Fringe Benefits**

**SUBMIT WITH INVOICE/SF-270**

**AND RETAIN FOR AUDIT**

**Please note:** As noted in the grant program guidelines, **personnel** are staff employed by the agency/organization applying for the grant. Personnel costs counted as matching share may only include time spent working directly on the grant project and must be calculated as a percentage of salary. Federal employee salaries may not be counted as a matching share under this grant.

Example: John Smith, Engineer - $80,000/annual x 20% of time working on project = $16,000 (hourly wages must be recalculated as salaries)

**Fringe Benefit Rates** charged to the grant may not exceed what is currently provided by the organization/agency. If you are counting fringe benefits as matching share, insert the rate amount by the appropriate name/title of position.

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**Project Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Donor**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Name/Title of Position and Description of Work Performed** | **Annual Salary**  | **% of Time Donated** | **Total Salary Costs** | **Fringe Rate %** | **Total Fringe Costs** |
|  |  |  |  |  |  |  |
| **Totals:** |  |  |  |

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**Signature of Person Donating Time Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verifying Official’s Signature Date**