

State of Oregon Department of Land Conservation and Development

**Cost-Share Documentation**

***Non-Federally Funded In-kind or Cash Contributions***

**Return completed forms to:**

Marian Lahav, DLCD  
635 Capitol St. NE, Suite 150, Salem, OR 97403  
or [marian.lahav@state.or.us](mailto:marian.lahav@state.or.us)

**Questions?**

Call Marian at (503) 934-0024

**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.

**DO complete this form if:**

- Your time or services are supported by state, local, or personal funds.
- The source of your cash donation is state, local, or personal funds.
- Donated supplies were purchased with state, local, or personal funds.
- Donated space is supported by state, local, or personal funds.

Thank you for participating in the ***Tillamook County Multi-Jurisdictional Natural Hazard Mitigation Plan*** update. This effort is funded by a federal Pre-Disaster Mitigation grant that requires a 25% cost share. Federal policy requires documentation of in-kind and cash contributions reported as cost share.

- **Pre-Award Costs:** Pre-award costs are those directly related to *developing* the grant application such as time and travel expenses to attend meetings to discuss the proposed scope of work. Cost share can include ***non-federally funded*** pre-award costs ***for the period April 21, 2014 through August 13, 2015 inclusive.***
- **Post-Award Costs:** Post-award costs are those directly related to *implementing* the grant contract such as time and travel expenses to attend meetings or to develop and provide data and information for the Plan, the cost of meeting supplies or room rental. Please don't hesitate to ask if a particular expense will be eligible or ineligible as cost share. Cost share can also include ***non-federally funded*** post-award costs ***for the period beginning August 14, 2015 through the end of the project.***
- **Documentation:** One documentation form is required per date worked. ***All expenses must be supported with timesheet entries or dated receipts.*** When no timesheet is available, time will be valued at \$15.00/hour.
- **Certification:** ***All workers and volunteers must sign the certification.***

# Cost-Share Documentation

**COMPLETE ONE FORM FOR EACH DATE WORKED**

<b>Grant Sponsor:</b> Federal Emergency Management Agency <b>Performance Period:</b> 04/21/2014 – 09/30/2016 <b>Grant Award Number:</b> EMS-2014-PC-0011 <b>Grant Manager:</b> Marian Lahav <b>Grant Title:</b> PDMC-PL-10-OR-2014-003/DLCD Mitigation Planning 2015-2017	
<b>DATE</b> of Contribution(s):	
<b>COMPLETE DESCRIPTION</b> of Contribution(s) <i>on this date:</i>	
<b>TIME</b> _____ hours X \$ _____ hourly wage <i>including benefits</i> <b>OR</b> \$15.00 <input type="checkbox"/> Timesheet entries attached ( <i>wage + benefits</i> ) <input type="checkbox"/> No Timesheet ( <i>\$15.00</i> )	
<b>TRAVEL</b> Mileage: _____ miles X \$0.560/mile <i>April 21 – December 31, 2014</i> Mileage: _____ miles X \$0.575/mile <i>January 01 – December 31, 2015</i> Mileage: _____ miles X \$0.540/mile <i>January 01 – December 31, 2016</i> Local transportation: \$ _____ <input type="checkbox"/> Receipts attached Parking: \$ _____ <input type="checkbox"/> Receipts attached <b>Subtotal</b>	
<b>OTHER</b> (services, supplies, equipment, facilities, etc.) Please specify: _____ Fair Market Value: \$ _____ <input type="checkbox"/> Receipts attached	
<b>Total</b>	

I certify that this in-kind contribution:

1. Has been provided in the quantity and value noted while participating in the Tillamook County Multi-Jurisdictional Natural Hazards Mitigation Plan (TC MJNHMP) Update.
2. Is not and has not been claimed as a contribution, in-kind or otherwise, for any other federally-assisted project or program;
3. Is necessary and reasonable for proper and efficient accomplishment of the TC MJNHMP Update.
4. Has not been paid for by the Federal Government in other previous awards.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_