

State Indoor Radon Grant (SIRG) Program Documentation of Training-Related In-Kind Contributions

Use this worksheet to calculate and record training-related in-kind (i.e., non-cash) contributions made towards the State of _____ SIRG program match, as required by 15 USC §2666. The contributions by Federal employees, as well as State/local government employees and others whose travel is being paid through a Federal assistance agreement, Federal contract, or other source, are ineligible as in-kind contributions.

(1) Participant's Name _____

(2) Position/Job Title _____

(3) Training Dates/Location _____

(4) Course Title _____

(5) Salary \$ _____ X number of hours attending training _____ = \$ _____
Enter your hourly salary rate or use the default of \$25 per hour. Total of all hours associated with the training. Exclude travel to/from the training location (which is captured separately below)

(6) Vehicle Travel _____ X _____ = \$ _____
miles use a rate of 56.5 cents per mile, if yours is unknown.

(7) Airline/Train Ticket* (if any) = \$ _____

(8) Travel Time _____ X _____ = \$ _____
hours use the same hourly rate as in (5) above

(9) Lodging* (either claim actual or use the default of \$75) = \$ _____

(10) Meals (either claim actual or use the default of \$37.30 per day) = \$ _____

(11) Supplies* = \$ _____

(12) Other Expenses* (please list and describe) = \$ _____

**Per 40 CFR §31.42, receipts should be retained for a period of three years beginning January 1 of the following calendar year.*

Total of In-Kind Contributions \$ _____

Please describe whether the training was beneficial and how it will be used by you/your organization to further the goals of the SIRG program (e.g., radon testing, mitigation, public education and outreach, etc.).

I certify that, during the period of _____, the total value (costs) of my contributions towards the state's SIRG agreement are as detailed above. These costs are non-Federal dollars and are not used to match any other state's SIRG agreement or any other Federally-funded project.

Signature of Participant _____ Date _____

Organization/Company _____ State/County _____