

-Kind Value of Volunteer Services

Starting Date: Estimated In Kind for FY 2022

Ending Date: _____

Name of Volunteer	Job Title or Job Description (1)	Prevailing Hourly Wage (2)	Wage Plus Fringe Benefit	Total Hours Volunteer Performed Duties (3)	Value of Hours	Allowable Mileage Performing Duties (4)	Value of Mileage
		-	-	-	-		-
		-	-	-	-		-
		-	-	-	-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
				Total Value of Hours	-	Total Value of Mileage	-
						Total of Value of Hours & Mileage	-

Fringe Benefit Rate

Mileage Rate

NOTES:

- (1) Each volunteer "job" requires a job description. For your records, you must maintain a file of all job descriptions and related job titles.
- (2) The prevailing wage for each volunteer job is determined by what local employers typically pay for a staff member to perform this job in your area. For your records, it is recommended that you attach prevailing wage data for each volunteer job description. When possible, use prevailing wage data supplied by the Texas Workforce Commission or by major employers in your area.
- (3) For documentation, attach a timesheet, sign-in sheet or other verification of time donated.
- (4) The standard mileage rate is based on the federal IRS Publication 463. For documentation purposes, attach a mileage sheet, trip sheet, or other documentation to support mileage.

Form Completed By : Lisa Meehan

Date : 11/4/2018

In-Kind Value of Advisory Council Services

Starting Date: _____

Ending Date: _____

Name of Advisory Council Member	Job Title or Job Description (1)	Prevailing Hourly Wage (2)	Wage Plus Fringe Benefit	Total Hours Volunteer Performed Duties (3)	Value of Hours	Allowable Mileage Performing Duties (4)	Value of Mileage
			-		-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
			-		-		-
				Total Value of Hours	-	Total Value of Mileage	-
						Total of Value of Hours & Mileage	-

Fringe Benefit Rate

Mileage Rate

NOTES:

- (1) Each advisory council member is fulfilling a certain function on the advisory council. Each function should have a job description to help determine the prevailing wage for their job. For your records, you must maintain a file of all job descriptions and related job titles. Do not enter hours for advisory committee members time that do not meet the in-kind guidelines.
- (2) The prevailing wage for each advisory council job is determined by what local employers typically pay for a staff member to perform this job in your area. The prevailing wage is NOT determined by what that advisory council member does in his or her professional life, but for the function they perform on the advisory council. For your records, it is recommended that you attach prevailing wage data for each volunteer job description. When possible, use prevailing wage data supplied by the Texas Workforce Commission or by major employers in your area.
- (3) For documentation, attach a timesheet, sign-in sheet or other verification of time donated.
- (4) The standard mileage rate is based on the federal IRS publication 463. For documentation purposes, attach a mileage sheet, trip sheet, or other documentation to support mileage.

Form Completed By : _____

Date : _____

In-Kind Value of Rate Reduction / Pro-Bono Services

Starting Date: _____

Ending Date: _____

Contractor Name	Description of Service Provided	Standard Fee or Rate (1)	Contracted Fee or Rate	Fee or Rate Less Contracted Fee or Rate	Invoice Number or Check Number (2)	Units of Service Provided	Value of Rate Reduction or Pro Bono Service
		\$ -	\$ -	\$ -		0.00	\$ -
Total Value of Rate Reduction of Pro Bono Service							\$ -

NOTES:

- (1) The AAA must maintain documentation of standard fees for services such as a fee schedule or certification of standard cost.
- (2) For verification of units of service the AAA should reference either the contractors invoice number or the AAA's check or payment number.

Form Completed By : _____

Date : _____

In-Kind Value of Donated Services

Name of Person or Organization Donating Services	Date of Service	Description of Service Provided (1)	Standard Fee or Rate (2)	Units of Service Provided (3)	Value of Service
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
Total Value of Service					

NOTES:

- (1) A complete description of the service provided must be maintained by the AAA for verification of allowable service cost.
- (2) The AAA must maintain documentation of standard fees for services such as a fee schedule or certification of standard cost.
- (3) For verification of units of service a sign in sheet, list of clients served, or other documentation of service to 60+ clients must be maintained.
Each group setting where individual service is not provided may be counted as one unit.

Form Completed By : _____

Date : _____

In-Kind Value of Donated Supplies or Equipment

Name of Person or Organization Donating Supplies or Equipment	Date of Donation	Description of Supplies or Equipment (1)	Standard Retail Value (2)
Total Value of Donated Supplies or Equipment			-

NOTES:

(1) An invoice or signed receipt must be maintained by the AAA for verification of the value of donated items. If the item is used or damaged, a reduced value must be used and the method of calculating the value must be included on the receipt or invoice.

Form Completed By : _____

Date : _____

In-Kind Value of Donated Space Used on a Regular Basis for Client Services

Name of Organization Providing Donated Space: _____

Address of Donated Space: _____

Donated Space used for: _____

DONATED SPACE

1. Approximate Space in Square Feet of Area Used to Support Client Services	0
2. Local Market Rental Value of Space (Monthly)	\$0.00
3. Cost per Square Foot (line 2 divided by line 1)	
4. Average Number of Clients Served per Day of Service	0
5. Required Square Footage per Client	#DIV/0!
6. Value of Space used for Client Service (line 4 multiplied by line 5 multiplied by line 3)	
7. Additional Required Space (Square Footage) Kitchen, Halls, Restrooms, Other Common Areas	0
8. Value of Additional Required Space (line 7 multiplied by line 3)	
9. TOTAL Monthly Value of Donated Space (line 6 plus line 8)	

DONATED UTILITIES & JANITORIAL SERVICES IF APPLICABLE

10. Approximate Total Building Space in Square Feet	
11. Average Monthly Cost of Utilities and Janitorial Services	
12. Utility/Janitorial Cost per Square Foot (line 11 divided by line 10)	
13. Total Square Feet Used to Provide Service ((line 4 multiplied by line 5) plus line 7)	
14. Hours per Month Building Used for Other Purposes	
15. Hours per Month Building Used for Client Services	
16. Percentage of Time Used for Client Services (line 15 divided by (line 14 plus line 15))	
17. Total Monthly Value of Donated Utilities & Janitorial Services (line 12 multiplied by line 13 multiplied by line 16)	

VALUE OF FURNITURE & EQUIPMENT INCLUDED WITH DONATED SPACE

18. Monthly Rental Cost of all Furniture & Equipment Included with Donated Space	
19. Total Monthly Value of Furniture & Equipment (line 18 multiplied by line 16)	\$0.00

20. **Total Monthly In-Kind Value of Donated Space, Utilities & Janitorial Services, Furniture & Equipment**