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 __________