

FORM #: 001

In-Kind Match Contribution Request Form

INSTRUCTIONS

The Office of Community and Rural Affairs (OCRA) encourage eligible applicants to utilize in-kind contributions to satisfy the required local match percentage for Community Development Block Grant (CDBG) projects. To request approval for in-kind match contributions, including Force Account Work, Volunteer Labor, or In-Kind Donations, applicants **must complete this form** prior to submitting their CDBG funding application.

- **Pre-Approval Required**: Applicants must obtain written approval from OCRA before including any inkind contributions in their local match budget or submitting a final CDBG application.
- **Documentation**: The official approval letter from OCRA must be included in the final grant application submission.
- **Instructions:** Filled out the required Sections 1,2,3, & 8. Select sections 4-7 as applicable. If the inkind involves volunteer labor or In-Kind Professional Services include Appendix A to your submission. If the submission is approved, Appendix B must be made available to Grant Services at monitoring.

Submit the completed form along with all required supporting documentation via email at cdbg@ocra.in.gov

SECTION 1: APPLICANT INFORMATION			
1. Lead Applicant	2. Application Number	3. CDBG Program	
4. Chief Elected Official Name	5. Title	6. Contact Email	
7. Grant Administrator Name	8. Grant Administrator Email	9. Date of Form Submission	

SECTION 2: TYPE OF IN-KIND (Check All That Apply)

- □ Force Account Work: Labor performed by regular employees of a city, town, or county government to carry out project-related tasks—such as construction or installation—in compliance with Indiana Code IC 36-1-12-3. Valued at the standard pay rate of the employee.
- □ **Volunteer Labor:** Unpaid work provided by individuals who are not employed by the local government, used to support a project. Volunteers must not receive compensation The value of volunteer labor is standardized at the total private average hourly earnings for the State of Indiana, as reported by the <u>U.S. Bureau of Labor Statistics</u>, when the work performed is considered unskilled. For skilled labor, volunteer time may instead be valued at the individual's regular professional rate.
- □ **In-Kind Donation:** Non-cash contributions such as donated items, materials, land, property or professional services that help support a project. Donated goods are valued at their fair market cost and donated professional services are valued at the donor's standard professional service rate.

December 2025 Page 1 of 13



SECTION 3: IN-KIND REQUEST AMOUNT	
The sum of all Force Labor, Volunteer Labor, and In-	Kind Donations can only account for 10% of the grant
amount requested or a maximum of \$75,000 towards	the applicant's local match.
1. Total Grant Amount Request	2. Total In-Kind Requested
3. Total Project Cost	4. Total Local Match Contribution (excluding In-Kind
	Contribution)
5 Supposting of the Kind Contribution Associate District	de a detailed evaluation of how the requirement in himd
	de a detailed explanation of how the requested in-kind for valuation (e.g., fair market cost for donated goods or
	r cost of the labor, and any breakdowns used to determine
the total.	a cost of the labor, and any prediction about to determine

December 2025 Page 2 of 13



SECTION 4: FORCE ACCOUNT WORK (Comple	ete. If	[•] Appl	icable)	
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- **1. Total Number of Employee(s):** Indicate the total number of employees who will perform duties in support of the proposed CDBG project.
- **2. Employee Information:** List the employees who will perform duties related to the proposed CDBG project. Include each employee's name, job title, department, employment status, hourly rate and estimate hours.

Employee Name	Job Title	Department	Employment Status	Hourly Rate	Estimated Hours to Contributed to the Project

3. Employee Service Description: Provide a detailed description of the specific service or duties each employee will perform in support of the proposed CDBG project.

December 2025 Page 3 of 13



7. Certification of Lawful Employment & Compensation				
I,				
Print Name	Chief Elected Off	icial Signature		Date
8. Statement of Compliance Respons	sibility			
 I,, serving as theof, hereby acknowledge and accept full responsibility for tracking and documenting all Force Account Work performed by government employees in support of the proposed CDBG project. This includes: Ensuring that all labor contributions comply with Indiana Code IC 36-1-12-3. Maintaining accurate records of employee names, job titles, and proof of employment. Submit all required compliance documentation to the Office of Community and Rural Affairs (OCRA) and the Division of Grant Services both during project implementation and after the completion of work. Submit detailed logs of hours worked by each employee performed on the project, after work is performed at monitoring Submit verification of no payment receive outside of the required regular wage, after work is performed at monitoring. 				
I understand that the documentation is required for the in-kind contribution to be considered eligible toward the local match and that failure to maintain proper records may result in disqualification of the contribution.				
Print Name	Chief Elected Official		Date	

December 2025 Page 4 of 13



SECTION 5: VOLUNTEER WORK (Complete, If Applicable)				
1. Total Number of Volunteer(s): Indicate the total number of volunteers who will perform duties in support of the proposed CDBG project.				
		ers who will perform duties related to the practices (considered skilled or unskilled) and the est		
Volunteer Name	Role	Type of Work	Estimated Hours to	
			Contributed to the Project	
3. Description of Volunteer Work: Provide a clear description of the specific tasks and responsibilities each volunteer will perform in support of the project. Include details such as the type of work, scope of duties, and whether the work is considered skilled or unskilled.				

December 2025 Page 5 of 13



•	ent: Use this checklist to confirm that volunteer(s) has on under OCRA's CDBG Policy Notice 25-004.	been properly informed and	
has acknowledged their participation under OCRA's CDBG Policy Notice 25-004. CDBG Policy Notice 25-004 In-Kind Contribution Policy provided to volunteer(s) via email on			
4. Certification of Volunteer Labor	Commitment & Compensation		
I,			
acknowledgments, along with notification of the policy, are attached to this request.			
Print Name	Chief Flected Official Nighattire	l Data	
Print Name	Chief Elected Official Signature	Date	
		Date	
8. Statement of Compliance Respo		Date	
8. Statement of Compliance Respo		knowledge and accept full	
8. Statement of Compliance Respo I,, serving responsibility for tracking and docu of the proposed CDBG project. This includes: • Maintaining accurate recore • Submit all required compliant Division of Grant Services be submit detailed logs of how end of the proposed CDBG project. I understand that the documentation	nsibility g as theof, hereby ack	knowledge and accept full ual(s) listed above in support skilled or unskilled). Rural Affairs (OCRA) and the pletion of work. at monitoring	
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December 2025 Page 6 of 13



SECTION 6: IN-KIND DONATIONS (Professional Services) (Complete, If Applicable)						
1. Donor Information	b. Organization (if applicable) c. Phone					
a. Donor Name	b. Organiz	ation (if ap	plicable)	c. Pr	none	
d. Email			e. Address (Street, City,	/Town	, Zip Code, State	
2. Donation Type						
☐ Items/G	ioods 🗆 Profess	sional Servi	ces	non-fir	nancial interest or	nly)
3. Donation Value: Provide				perty,	or professional se	ervices. Be specific
and include supporting do					:	
Professional Service Rate	(if applicable) (i	enter the sti	anaara nourly rate for p	rojessi	ionai services aon	atea)
Property/Land Cost (if ap	plicable) (Enter t	the fair mar	ket value of the donated	d nron	ertv. provide doci	ımentation)
Troperty/ Land Cost (iii up	price of (277cc)	e jun mu	net value of the donates	<i>х</i> р. ор	crty, provide doce	····circucion,
Cost of Items (if applicabl	le) (Enter the fair	market val	lue of the donated good)		
3. In-Kind Property/Land	•			. • •	- C 11	
a. Property address/loca ZIP)	tion (street, city	,, county, s	lot/block, deed			(parcel number,
,					,	
c. Property type (land, building, other)						
c. Property type (land, building, other)						
e. Supporting Documenta	ition: Please atta	ch the follo	wing required documen	tation	to accompany th	is in-kind donation
request						
☐ Appraised fair market	t value	□ Cı	urrent deed 🗆 A	cquisit	ion form complet	ed and attached
☐ URA (Uniform Relocat	tion Act) receipt	□ Co	py of the fee appraisal	[\square Review apprais	al
3. In-Kind Professional Service (If applicable): Provide detailed information on the professional services being						
contributed in-kind to support the proposed CDBG project. Include the name of the professional, title or area of expertise, description of duties to be performed, and estimated hours, value of the contribution.						
Name	Title	Jimea, ana	Duties Duties	OT THE	Estimated	Standard
					Hours to be	Professional
					Performed	Service Rate

December 2025 Page 7 of 13



4. Description of In-Kind Donation: Provide a detailed description of the donation being offered. Clearly identify whether the contribution is an item, property, or professional service. Include specifics such as:
The type of item, property, or service being donated The property or intended was within the proposed CDBC project.
 The purpose or intended use within the proposed CDBG project Any relevant details that establish the nature and scope of the donation (e.g., quantity, size, professional
expertise, or function)
5. In-Kind Donor Policy Acknowledgment: Use this checklist to confirm that donor has been properly informed and has acknowledged their participation under OCRA's CDBG Policy Notice 25-004.
☐ CDBG Policy Notice 25-004 In-Kind Contribution Policy provided to donor via email on
☐ Written confirmation of commitment (Appendix A) to provide donation received from donor on
\square Commitment letter specifying nature and value of donation attached to this request and includes
☐ Value calculated using standard professional service rate per hour or fair market value of property or item donated
\square Donor acknowledged they will not receive compensation, payment, or reimbursement for time, services, or
expenses
\square Donor acknowledged their contribution will be applied toward the in-kind match for the project,
\square Donor does not hold any financial or ownership interest in the project.

December 2025 Page 8 of 13



,	6. Confirmation of In-Kind Professional Services Acknowledgement				
hereby certify that I have received written confirmation from the individual(s) listed above who will provide the donated item/service in support of the proposed CDBG project as an in-kind donation. The donor has acknowledged and committed to the following: The service/item is being donated at no cost to the non-entitlement community. The donor will not receive any compensation, payment, or reimbursement for time, services, or expenses related to this project. The value of the contribution will be calculated based on the provider's standard professional service rate per hour or fair market value, subject to the established in-kind contribution limits. The donation provided will be applied as part of the in-kind match contribution for the project. The donation will be documented and submitted in accordance with the requirements of the Office of Community and Rural Affairs (OCRA). The donor has acknowledge that he/she does not hold any financial or ownership interest in the project. By signing below, I affirm that the acknowledgement from the donor listed above was notified and I obtained approval for the use of this donation to be uses as in-kind match prior to the submission of this request, and that all supporting documentation provided by the donor provider is attached herein. Print Name Signature Date 7. Statement of Compliance Responsibility I,, serving as the of, hereby acknowledge and accept full responsibility for tracking and documenting In-Kind Professional Service performed by the Individual(s) listed above in support of the proposed CDBG project. This includes: Maintaining accurate records of In-Kind Professional Services Committeemen. Submit all required compliance documentation to the Office of Community and Rural Affairs (OCRA) and the	6. Confirmation of in-kind Professional Services Acknowledgement				
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Print Name Chief Elected Official Signature Date	<u> </u>				

December 2025 Page 9 of 13



8. Certification		
I certify that the information provided is accurate and complete. I understand that approval from OCRA must be obtained prior to including any in-kind contributions in the grant application, and that the approval letter must be submitted with the application.		
Signature of Chief Elected Official	Date	

December 2025 Page 10 of 13



Appendix A- Volunteer Self-Attestation Letter

Date of Letter:		
Office of Communit	or's Central Business Office – Grant Services	
To Whom It May Co	oncern:	
l,	, hereby attest to my co	ommitment to provide an in-kind
contribution of	hours of labor / services for the	Project. I will
contribute	hours of labor at a rate of \$ per hour, fo	r a total in-kind value of \$
I further certify that	t:	
I am performI am not em performingI hold no fin	reiving any compensation from any source for my labor ming these services strictly on a volunteer basis. aployed in the construction of this project in any capaci on a volunteer basis. ancial or ownership interest in the project ation will be applied solely toward the in-kind match	
Sincerely,		
Signature:		
Printed Name:		
Address:		
Phone:		
Email:		

December 2025 Page 11 of 13



Appendix B-In-Kind Hours Tracking Form

SECTION 1: GRANTEE INFORMATION						
1. GRANTEE NAME	2. GRANT Number	3. CDBG Program				
4. Grant Administrator Name	5. Grant Administrator Email	6. Date of Form Submission				
A separate form must be completed for each volunteer or professional service provider who participates in the project. All completed forms are required to be made available to Grant Services during monitoring.						
SECTION 2: VOLUNTEER/ IN-KIND PROFESSIONAL SERVICE PROVIDER INFORMATION						
1. NAME	2. PHONE	3. EMAIL				
4. CLASSIFICATION	5. SKILLED/UNSKILLED	6. COMPENSATION STATUS				

SECTION 3: TRACKING							
Date	Type of Work Performed	Hourly Rate Applied	Total Hours Worked	Total Value			

December 2025 Page 12 of 13



3. CERTIFICATION						
I certify that the individuals listed above performed the work described, that the hours recorded are accurate, and that no compensation was provided for these contributions. Prepared by						
Name			Title			
Traille .			TILLE			
Signature		Date				

December 2025 Page 13 of 13