

In-Kind Match Hours: Document Ludlow LHMP Personal Review Time

Name: _____

Title/Affiliation: _____

Email Address: _____

Hourly Rate: _____ (Volunteers: \$31.80, Staff: Use hourly rate)

Date	Description of Task	Time Spent
TOTAL TIME:		

Please send completed forms to MCORDERO@MARCVT.ORG.

Thank you!