

### In-Kind Match Hours: Document Andover LHMP Individual Review Time

**Name:** \_\_\_\_\_

**Title/Affiliation:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Hourly Rate:** \_\_\_\_\_

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

Date	Description of Task	Time Spent
<b>TOTAL TIME:</b>		

Upon completion of the planning process please send completed forms to [cingersoll@marcvt.org](mailto:cingersoll@marcvt.org)

Thank you!