

STATE OF NEVADA
 STATE HISTORIC PRESERVATION OFFICE
 NATIONAL PARK SERVICE SUBGRANT
VALUE OF DONATED LABOR

Subgrantee: _____ Address: _____ Project Title: _____	Subgrant No. _____ <p style="text-align: center;">Report Period</p> From: _____ To: _____
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NAME OF PERSON CONTRIBUTING DONATED TIME	TYPE OF WORK PERFORMED (LABORER, PLUMBER, MASON, ETC.)
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HOURLY RATE	BASED ON
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A person donating time to a project will be paid at the federal minimum wage unless he/she is professionally skilled in the work they are performing on the project (i.e., plumber doing work on pipes, mason doing work on a brick building). When this is the case, the wage rate this individual is normally paid for performing this service may be charged to the project.

DATE	TIME OF WORK				TOTAL WORK HOURS	HOURLY RATE	VALUE (DONATED HOURS X RATE)
	START	END	START	END			

TOTAL VALUE OF DONATION _____

I certify that to the best of my knowledge and belief, this report is correct and complete for the purposes set forth under the terms of the approved project.	
Signature of Person Donating Time _____	Date _____
Signature of Supervisor _____	Date _____

