

**PYRAMID LAKE PAIUTE TRIBE  
DOCUMENTATION OF IN-KIND MATCH**

**Instructions.** This form must be completed on a quarterly basis for each non-tribal grant or contract requiring an in-kind match. The quarterly basis is based on the start date of each grant/contract. All matches must be documented in order to be included for the Tribe to comply with the financial reporting requirements of the funding agencies. Failure to submit within 15 days after the end of each quarter may result in the suspension of non-employee costs (purchases orders, travel, training, etc.) pending submission. Submit one original and one copy to the Contracts & Grants Department. Keep another copy for your records. Contact the Contracts/Grants Department for assistance.

\_\_\_\_\_  
Name of Tribal Dept./Program Filing Report

\_\_\_\_\_  
Applicable Fund Code Acct.

\_\_\_\_\_  
In-Kind Report for Grant (Name)

\_\_\_\_\_  
In-Kind Report for Grant (Award No.)

\_\_\_\_\_  
Time Period Covered by this Report (to be filed at least every quarter (3 months))

**IN-KIND MATCH TOTALS**

- ✱ **PERSONNEL MATCH** (from Personnel Services Form on page 2) \$ \_\_\_\_\_
- ✱ **FRINGE BENEFITS MATCH** (from Personnel Services Form on page 2) \$ \_\_\_\_\_
- ✱ **TRAVEL MATCH** (from Travel (Mileage) Contribution Form on page 3) \$ \_\_\_\_\_
- ✱ **SUPPLIES MATCH** (from Supplies/Equipment Contribution Form on page 4) \$ \_\_\_\_\_
- ✱ **EQUIPMENT MATCH** (from Supplies & Equipment Contribution Form on page 4) \$ \_\_\_\_\_
- ✱ **CONTRACTUAL MATCH** (from Contractual (Professional Services) Form on page 5) \$ \_\_\_\_\_
- ✱ **OTHER & INDIRECT COST MATCH** (from Other & Indirect Costs Form on page 6 & 7) \$ \_\_\_\_\_

**TOTAL IN-KIND MATCH CONTRIBUTIONS** \$ \_\_\_\_\_

**C E R T I F I C A T I O N**

The undersigned tribal official certifies that the above contribution types and amounts, as well as the individual section justifications reflect an accurate and true documentation of the cash and in-kind contributions provided to the above-referenced grant/contract program. The undersigned further certifies that all items documented as cash and/or in-kind contributions were provided to meet the goals and objectives of the applicable grant program and meet the requirements of the Tribe and the funded project.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

## Pyramid Lake Paiute Tribe Personnel Services Documentation Form

\_\_\_\_\_  
Name of Tribal Dept./Program Filing Report

\_\_\_\_\_  
Applicable Fund Code Acct.

\_\_\_\_\_  
In-Kind Report for Grant (Name)

\_\_\_\_\_  
In-Kind Report for Grant (Award No.)

\_\_\_\_\_  
Time Period Covered by this Report (to be filed at least every quarter (3 months))

Staff Member Name/Title OR Volunteer Name	Address and Phone Number	Service(s) Provided	Total Hours	Rate	Amount
<b>Total Amount for Personnel Services Claimed for Reporting Period:</b>					

Fringe Benefits Calculation Section	Personnel Categories	Calculation Method for Determining Amount of Fringe Benefit costs	Amount
<b>Fringe Benefits</b>	<b>Fringe Benefits</b> <i>(applies to ALL employees)</i>	Total Personnel Services Costs x 15% Rate <i>(use the total amount claimed from above table)</i>	
	<b>Fringe Benefits Other</b> <i>(only for full-time employees)</i>	# of Full-Time Employees (above) <u>  </u> \$450/month <u>  </u> % of Time Participated in the Project	
<b>Total Amount for Fringe Benefit Contributions Claimed for Reporting Period:</b>			

**CERTIFICATION:** I certify that the above items are correct and reflect a complete and accurate profile of staff and/or volunteers time contributed to the above-referenced grant program.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

## Pyramid Lake Paiute Tribe Travel (Mileage) Documentation Form

\_\_\_\_\_  
Name of Tribal Dept./Program Filing Report

\_\_\_\_\_  
Applicable Fund Code Acct.

\_\_\_\_\_  
In-Kind Report for Grant (Name)

\_\_\_\_\_  
In-Kind Report for Grant (Award No.)

\_\_\_\_\_  
Time Period Covered by this Report (to be filed at least every quarter (3 months))

Name of Contributing Individual	Date of Mileage Contribution	Purpose of Contribution	Total Miles	Rate	Amount
<b>Total Amount for Travel (Mileage) Contributions Claimed for Reporting Period:</b>					

**CERTIFICATION:** I certify that the above items are correct and reflect a complete and accurate profile of mileage and/or travel expenses contributed to the above-referenced grant program.

Signature of Program Director

Date

### Pyramid Lake Paiute Tribe Supplies & Equipment Documentation Form

\_\_\_\_\_  
Name of Tribal Dept./Program Filing Report

\_\_\_\_\_  
Applicable Fund Code Acct.

\_\_\_\_\_  
In-Kind Report for Grant (Name)

\_\_\_\_\_  
In-Kind Report for Grant (Award No.)

\_\_\_\_\_  
Time Period Covered by this Report (to be filed at least every quarter (3 months))

<b>SUPPLIES SECTION</b> ( <i>consumable items or items costing less than \$5,000</i> )				
Name of Contributor <i>(identify tribal or non-tribal)</i>	Address and Phone Number	Date of Contribution	Description of Contribution	Value
<b>Total Amount for Supplies Claimed for Reporting Period:</b>				

<b>EQUIPMENT SECTION</b> ( <i>sensitive items or items costing \$5,000 or more</i> )				
Name of Contributor <i>(identify tribal or non-tribal)</i>	Address and Phone Number	Date of Contribution	Description of Contribution	Value
<b>Total Amount for Equipment Claimed for Reporting Period:</b>				

**CERTIFICATION:** I certify that the above items are correct and reflect a complete and accurate profile of supplies and/or equipment contributed to the above-referenced grant program.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

## Pyramid Lake Paiute Tribe Contractual (Professional Services) Documentation Form

\_\_\_\_\_  
Name of Tribal Dept./Program Filing Report

\_\_\_\_\_  
Applicable Fund Code Acct.

\_\_\_\_\_  
In-Kind Report for Grant (Name)

\_\_\_\_\_  
In-Kind Report for Grant (Award No.)

\_\_\_\_\_  
Time Period Covered by this Report (to be filed at least every quarter (3 months))

Name of Professional or Contractual Provider	Address and Phone Number	Service(s) Provided	Total Hours	Rate	Amount
<b>Total Amount for Contractual Services Claimed for Reporting Period:</b>					

**CERTIFICATION:** I certify that the above items are correct and reflect a complete and accurate profile of the Contractual Contributions to the above-referenced grant program.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

## Pyramid Lake Paiute Tribe Other & Indirect Costs Documentation Form

\_\_\_\_\_  
Name of Tribal Dept./Program Filing Report

\_\_\_\_\_  
Applicable Fund Code Acct.

\_\_\_\_\_  
In-Kind Report for Grant (Name)

\_\_\_\_\_  
In-Kind Report for Grant (Award No.)

\_\_\_\_\_  
Time Period Covered by this Report (to be filed at least every quarter (3 months))

### OTHER - Office Space Contribution Calculation

(multiply total space footage by the established rate and the number of reporting months to determine amount)

• \_\_\_\_\_ sq. ft. x \$0.95/sq. ft. x \_\_\_\_\_ months = \$ \_\_\_\_\_  
Amount dedicated to employee                      Established tribal rate                      # of reporting months

### OTHER - Public Space Contribution Calculation

(multiply the # of times the space was utilized during the reporting period by the established use rate for the space to determine amount)

• \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
# of times the space was utilized                      Usage Rate for the Space

### OTHER - Utility Services Contribution Calculation (electricity, heating, cooling, water, etc.)

(divide the total cost for services by the number of full-time employees and multiply by number of employees under the applicable grant)

• \_\_\_\_\_ / \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Total Utility Services Cost (quarter)                      # of Employees in Building                      # of Employees under grant

### OTHER - Dedicated Telecommunications Contribution Calculation

(multiply total space footage by the established rate and the number of reporting months to determine amount)

• Total Cost of Dedicated Phone/Fax/Internet Lines during the Reporting Period = \$ \_\_\_\_\_

### OTHER - Shared Telecommunications Contribution Calculation

(divide the total cost for services by the number of full-time employees and multiply by number of employees under the applicable grant)

• \_\_\_\_\_ / \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Total Phone/Fax/Internet Cost (quarter)                      # of Employees in Building                      # of Employees under grant

### OTHER - Miscellaneous & Other Costs Calculation

(clearly list/detail the items, below, and identify the costs and calculations for the items)

- \_\_\_\_\_ = \$ \_\_\_\_\_
- \_\_\_\_\_ = \$ \_\_\_\_\_
- \_\_\_\_\_ = \$ \_\_\_\_\_
- \_\_\_\_\_ = \$ \_\_\_\_\_
- \_\_\_\_\_ = \$ \_\_\_\_\_

**TOTAL OTHER (add above amounts) = \$ \_\_\_\_\_**

**INDIRECT COSTS - Matching Share Contribution Calculation**

*(calculated based upon the total amount of allowable in-kind match to the grant program)*

• 
$$\frac{\text{_____ (exclude equip./contracts over \$5,000/each)}}{\text{Total Matching Direct Costs (quarter)}} \div \frac{\text{_____ \%}}{\text{Current Indirect Cost Rate}} = \$ \text{_____}$$

**TOTAL INDIRECT COSTS = \$ \_\_\_\_\_**

**CERTIFICATION:** I certify that the above items are correct and reflect a complete and accurate profile of the Other & Indirect Costs contributed to the above-referenced grant program.

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Signature of Program Director

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Date