



**Illinois Department of Natural Resources  
Grants Program**

**4A**

**VOLUNTEER TIME**

**NON-REIMBURSABLE, COUNTED TOWARDS LOCAL 30% MATCH**

Project Number: \_\_\_\_\_ Project Title: \_\_\_\_\_

CLG Name: \_\_\_\_\_

Volunteer Name \_\_\_\_\_

Hourly Rate (Minimum Wage of \$8.25 or Professional Wage excluding benefits)  
If Professional Wage, proof of salary (i.e., paystub) must be attached.

Date Worked	Work Description	Hours Worked	Total Value of Work (Hours X Rate)
<b>TOTALS</b>			

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

**Both Volunteer and Manager signatures are required (cannot be same person).**

\_\_\_\_\_  
Project Manager's Signature

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Project Manager Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date