

Court Improvement Program- Match In-kind Resources

Time Estimate/Duties and Functional Responsibilities

On _____, you participated in a _____ Meeting.
The meeting started at _____ and ended at _____.

This is a CIP initiative; therefore, the time you spent both at the meeting and in preparation for the meeting qualifies as an in-kind match for the State Court Administrative Office (SCAO). We appreciate the following information relative to the costs of your attendance. Please, if at all possible, provide us with your hourly rate, including your best estimate of your fringe benefit rate. (If you cannot provide a best estimate of your fringe rate, please let us know it is not included). If you are paid with federal funds, please DO NOT fill out this form as we cannot use your time for our match.

My title is _____ and my primary job responsibilities
are_____.

My total time spent in the above activity is worth _____.
(dollar amount= hourly pay+fringe x # of hours)

Fringe benefits **are** included Fringe benefits are **not** included

I certify that my participation was consistent with the tasks necessary to accomplish the goals of the Court Improvement Program Grant.

DATE _____

Signature

Name (Printed)

E-Mail Address

Phone