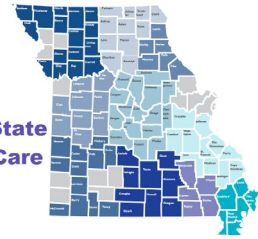


**Missouri Balance of State CoC
Committee Volunteer Time Donation Form**

Missouri Balance of State
Continuum of Care



Name: _____

CoC Committee Name: _____

Address: _____

Telephone: _____ Email: _____

Description of donation (activity, amount of time, purpose, number of meetings): _____

Date range included in this form: _____

Number of hours: _____ Value of donation (\$10/hour x # of hours): \$ _____

If a different value was used, explain: _____

Value of mileage donation (\$0.58 cents/mile x # of miles): \$ _____

Value of lodging (state rate): \$ _____

Initial each statement below verifying they are correct.

- 1. My donated time listed above was not paid for with CoC funds. _____
- 2. My donated time listed above was not used as match to another grant. _____

By signing this form, I agree that everything listed above is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Verification by Balance of State CoC Committee Chair

CoC Committee Chair Name: _____

CoC Committee Name: _____

Initial each statement below verifying they are correct.

- 1. As indicated above, this person participated in the committee for the amount of time indicated. _____
- 2. As the Committee chair, I confirm that the time donated was used in accordance with Continuum of Care planning activities listed in 24 CFR 578.39(b). _____

By signing this form, I agree that everything listed above is true and correct to the best of my knowledge.

Signature: _____ Date: _____