

Firewise Ohio Hazard Mitigation Grant In-Kind Service Tracking Log

*All fields in this log must be completed to be acceptable as grant match

*Questions regarding this log call Aaron Kloss 614-265-6896



Date: _____

Event: _____

Location: _____

of students or public reached by program: _____

Description of activities conducted during project: _____

Volunteer Name	Start Time	End Time	Total Hours
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
Sum of Hours:			
Total Monetary Credit for Service (Hours x \$21.36):			

Recorded by: _____

Phone number: _____