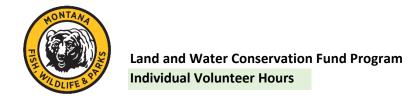


Land and Water Conservation Fund Program GROUP Volunteer Hours Log

Date of Work	Volunteer Full Name	Short Description of Work Performed	Number of Hours Worked	Value (Hours x \$20/hr)	Volunteer Signature and Date
		Total from this Form:			
Name of O	Organization Holding LWCF Award:			Ľ	WCF Award Year:
LWCF Cont	tact Name:	Contact Signature and	Date:		

The volunteer must provide his/her full name, signature, and date to certify the information is correct. Typed signatures are not acceptable.



A designee (contact) from the organization holding the LWCF award must provide his/her signature/date as concurrence. Typed signatures are not acceptable. All fields must be completed for the hours to be eligible as LWCF match.

unteer Name:		volunteer Signature and Date:	Volunteer Signature and Date:			
te of Work Hours Worked	Work Performed					
			· · · · · · · · · · · · · · · · · · ·			
Total Hours Worked from this Log:		Total Amount Claimed as Match (Total Hours Worked x \$20/Hour):				
ne of Organization Holding LW	CF Award:	LWCF Award Year:				
F Contact Name:		Contact Signature and Date:				

The volunteer must provide his/her full name, signature, and date to certify the information is correct. Typed signatures are not acceptable.

A designee (contact) from the organization holding the LWCF award must provide his/her signature/date as concurrence. Typed signatures are not acceptable.

All fields must be completed for the hours to be eligible as LWCF match.