

Resident Fire Risk Reduction (aka 'Match' / 'In-Kind')

(Reimbursement is NOT available for these expenses)

CFSC Grant 18-SFA-110875

Submitter Name: _____

Submitter Address: _____

Location of work performed: _____
(if different than submitter address)

Contact Phone #: _____ Email ID: _____
(either; both preferred)

Date(s) work preformed	Brief description of work performed	Hours worked	Rate (for hired workers)	Total cost (*) (indicate by check or cash)

*** NOTE:** For a payment, please provide an invoice with either it marked PAID or a cancelled check copy

Comments (optional): _____

Signed: _____ Date: _____

Send completed form to: Firewise Grant Coordinator, TCSD, 305 Bell Lane, Mill Valley, CA 94941 or
electronically (scanned document) to: TamValleyFirewise@GMail.com

TAM VALLEY FIREWISE TCSD-Firewise-Resident-Contribution.doc