

GWMA In-Kind Expense Rate Certification

Date: _____

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

I hereby certify that I am a paid employee of _____. I actively represent that organization in the Gateway IRWMP process and my participation for that organization would constitute In-Kind expenses for the IRWMP development.

My hourly charge rate for that organization, including related overhead costs is _____

My electronic signature is _____

Signature: _____ Date: _____