

MONTHLY IN-KIND MATCH TRACKING SHEET

Community: _____

For The Month Of: _____

Lot Owner Name: _____

Lot #: _____

Describe Activity: List the hazardous fuels work that you did. Break out activities below if different rates apply

Describe Equipment Used: (make, model of chainsaw, weed eater, two wheel drive/four wheel drive truck, ATV, tractor, dozer, dump truck total hours below)

Total Monthly **Labor** Hours:

(activity) _____ for _____ hours at \$_____ rate = _____

(activity) _____ for _____ hours at _____ rate = _____

(activity) _____ for _____ hours at _____ rate = _____

Total Monthly **Equipment** Hours/Days:

(equipment) _____ for _____ hours at _____ rate = _____

(equipment) _____ for _____ hours at _____ rate = _____

(equipment) _____ for _____ hours at _____ rate = _____

Landowner Signature: _____

FFSL Approval: _____

Equipment rates are local and are subject to change. Leave these areas blank and FFSL will fill them in.
If you have any questions about this form please contact Forestry, Fire, and State Lands at:

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435-259-3766