

# JACKSON COUNTY HAZARD MITIGATION PLAN

## Documentation of Labor Match

NAME (Please Print): \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

DATE(S): \_\_\_\_\_

EVENT: \_\_\_\_\_

HOURS CONTRIBUTED (Include travel time): \_\_\_\_\_

HOURLY SALARY: \_\_\_\_\_

TOTAL LABOR MATCH (Hours Contributed X Hourly Salary): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(FORM IS NOT VALID WITHOUT SIGNATURE)

For use by committee members (e.g. EMA Director, County Engineer, etc.)