

**OFFICE OF COMMUNITY AIR PROTECTION
COMMUNITY AIR GRANTS PROGRAM**

SERVICE PARTICIPANT COMPENSATION LOG (REV. 07/2025)

This form is used to document compensation for participating in voluntary activities. Compensation is provided to individuals in exchange for the duties they perform and/or expertise they provide for the grant project.

PART I: GRANT & ACTIVITY INFORMATION

Grantee/Organization:	Grant Number:
Title of Activity:	Date of Activity:
Activity Type: <input type="checkbox"/> Meeting <input type="checkbox"/> Workshop <input type="checkbox"/> Training <input type="checkbox"/> Other (detail):	Activity Time Duration:
Purpose of Compensation:	

PART II: PARTICIPANT COMPENSATION LOG

To receive compensation, you must attend and complete the required tasks the hosting entity has identified. By signing this section, you indicate you have completed the required participation as stated above and received compensation. Include additional copies if more lines are needed. All identifying information must be legible to CARB to be accepted.			
1	Payee First and Last Name (Print):	Payee Address (city, state, & zip):	Payee Phone: () -
Compensation Amount: \$.		Payee Signature:	Signature Date:
2	Payee First and Last Name (Print):	Payee Address (city, state, & zip):	Payee Phone: () -
Compensation Amount: \$.		Payee Signature:	Signature Date:
3	Payee First and Last Name (Print):	Payee Address (city, state, & zip):	Payee Phone: () -
Compensation Amount: \$.		Payee Signature:	Signature Date:
4	Payee First and Last Name (Print):	Payee Address (city, state, & zip):	Payee Phone: () -
Compensation Amount: \$.		Payee Signature:	Signature Date:
5	Payee First and Last Name (Print):	Payee Address (city, state, & zip):	Payee Phone: () -
Compensation Amount: \$.		Payee Signature:	Signature Date:
6	Payee First and Last Name (Print):	Payee Address (city, state, & zip):	Payee Phone: () -
Compensation Amount: \$.		Payee Signature:	Signature Date:
7	Payee First and Last Name (Print):	Payee Address (city, state, & zip):	Payee Phone: () -
Compensation Amount: \$.		Payee Signature:	Signature Date:
8	Payee First and Last Name (Print):	Payee Address (city, state, & zip):	Payee Phone: () -
Compensation Amount: \$.		Payee Signature:	Signature Date:

PART III: SIGNATURE

CERTIFICATION: I certify that the expenses incurred are for business purposes and the information provided is true and accurate. I certify that the expenditures benefit the mission of the grant project and that all items are for official business and include no personal expense:	
Grantee Supervisor First and Last Name (print legibly):	Grantee Supervisor Title (print legibly):
Grantee Supervisor Signature:	Date Signed: