



OZARKS TRANSPORTATION ORGANIZATION  
A METROPOLITAN PLANNING ORGANIZATION

2208 W. CHESTERFIELD BOULEVARD SUITE 101, SPRINGFIELD, MO 65807  
417-865-3042 [p] 417-862-6013 [f]

## Volunteer Rate Form

January 6, 2016

Dear OTO Jurisdiction Member:

Ozarks Transportation Organization (OTO) currently is funded by a Federal Consolidated Planning Grant and matches the grant with local membership dues. In addition the OTO will utilize In-Kind match as a source of match funding for the federal grant.

The proposed In-Kind match will charge the time OTO Board and Committee Members spend in monthly OTO meetings conducting transportation planning for the region. OTO will use the volunteer rate for all citizens-at-large positions and volunteer positions. Please return the following information for your jurisdiction's members that are appointed to the OTO.

Member Jurisdiction: \_\_\_\_\_

Member Name: \_\_\_\_\_

Volunteer Hourly Rate 2016: \$ 21.30

\_\_\_\_\_  
Signature

This information will only be used by OTO, MoDOT, and FHWA for budget and audit purposes.

Sincerely,

Debbie Parks  
Operations manager





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Paid Position Form

January 6, 2016

Dear OTO Jurisdiction Member:

Ozarks Transportation Organization (OTO) currently is funded by a Federal Consolidated Planning Grant and matches the grant with local membership dues. In addition the OTO utilizes In-Kind match as a source of match funds for the federal grant.

The proposed In-Kind match will charge the time OTO Board and Committee members spend in monthly OTO meetings conducting transportation planning for the region. OTO will use the volunteer rate for all citizens-at-large positions and will not utilize any member positions that are funded with federal funds. In order to complete the request for in-kind match, OTO will need to know the hourly rate of the Board and Committee members who work in paid positions.

Please return the following salary information for your jurisdiction's members that are appointed to the OTO.

Member Jurisdiction: \_\_\_\_\_

Member Name: \_\_\_\_\_

Hourly Rate without benefits \$ \_\_\_\_\_ Hourly Rate with benefits \$ \_\_\_\_\_

I certify this is my hourly rate with and without benefits for 2016.

\_\_\_\_\_  
Signature

This information will be used by OTO, MoDOT, and FHWA for budget and audit purposes.

Sincerely,

Debbie Parks  
Operations Manager

