

IN-KIND CONTRIBUTIONS OF MATERIALS & TIME DOÑA ANA COUNTY HEAD START PROGRAM

NAME: _____ CENTER: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CONTRIBUTOR (Please mark (X) by the box that best describes your involvement with Head Start)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> H. S. Staff | <input type="checkbox"/> Current H. S. Parent/Grand | <input type="checkbox"/> Former H. S. Parent/Grand | <input type="checkbox"/> Student |
| <input type="checkbox"/> Local Business | <input type="checkbox"/> Community Agency | <input type="checkbox"/> Friend of Head Start | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Other (Please specify): _____ | | | <input type="checkbox"/> Foster Grandparent |

CONTRIBUTION (Please mark (X) by the type of MATERIAL or TIME donated):

Materials	Time
<input type="checkbox"/> Equipment \$ _____	<input type="checkbox"/> Field Trip Sponsor Hours _____
<input type="checkbox"/> Facilities \$ _____	<input type="checkbox"/> Classroom Help Hours _____
<input type="checkbox"/> Food Items \$ _____	<input type="checkbox"/> Prof. Service Hours _____
<input type="checkbox"/> Maintenance \$ _____	<input type="checkbox"/> Training Hours _____
<input type="checkbox"/>	<input type="checkbox"/> Meeting Hours _____ (Attach Signature Page)
<input type="checkbox"/> Supplies \$ _____	<input type="checkbox"/> Resource Person Hours _____
<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Home Activity Hours _____
<input type="checkbox"/> Mileage # of Miles _____	<input type="checkbox"/> Other _____
	Home _____
	Parent to Center _____

VOLUNTEER HOURS FOR THE MONTH OF _____, 20____ :

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
HRS															

DAY	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HRS																

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Donor/Volunteer

Date

Signature of Staff

Date

Head Start Early Head Start

NOTE: A copy of this report will be provided at your request for tax purposes.

(Office Use Only)	IN-KIND CONTRIBUTION TOTALS
Total Dollar Amount of Donations: _____	<u>Rates</u>
Total Hours Donated: _____	Mileage \$00.535
Rate: _____	Parent, Student \$14.20
Dollar Amount/HRS _____	Professional \$34.00
	Resource Person \$34.00
	Prof. Serv. Prov. \$50.00
	Policy Council Member \$34.00
	Field Trip Sponsor \$34.00