



## In-Kind Contribution Form

### Contributor Information

Name of Business

or Individual:

Name of Primary Contact:

Address:

City:

State:

Zip Code:

Telephone:

E-mail:

### Contributed Goods or Services

Description of Contributed Goods or Services:

Date(s) Contributed:

Real or Estimated Value of Contribution:

\$

How was the value determined?:



Actual Value



Appraisal



Other

If other, please explain:

Who Made this Value Determination?:

Is there a restriction on the use of this contribution?:



No



Yes

If yes, what are the restrictions?:

Was this contribution obtained with or supported by Federal funds?:



No



Yes

If yes, please provide the name of the Federal agency and the grant or contract number:

Signature of Contributor

Date

 Thank you for your support!! 

### Program/Account Use Only:

Person Receiving Goods or Services on Behalf of Program:

Printed Name

Position

Signature

Date Received