# Appendix A.14 – Sample 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 Contributed** |

***Thank you for your support!!***

|  |
| --- |
| ***Office Use Only:*** |
| ***Person Receiving Goods or Services on Behalf of Non-Profit Organization of My County:*** |
|  |
| |  |  |  | | --- | --- | --- | |  |  |  | | ***Printed Name*** |  | ***Position*** | |  |  |  | | ***Signature*** |  | ***Date Received*** | |
| ***Accounting Use Only:*** |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  |  |  |  |  |  |  |  | | ***Value Recorded*** |  | ***DR/CR Account Numbers*** |  | ***Date Entered*** |  | ***Data Entry Person*** |  | ***JE Number*** | |