



IN-KIND DONATION DOCUMENTATION FORM

Grantee Name: _____

Donor Name: _____

Quantity	Description	Value \$

Total Donation \$ _____ (value of in-kind based on current market or retail rates)

Received by: _____ Donor Signature _____ Phone Number: _____

Date: _____ Donor Address: _____ City/State/Zip: _____



IN-KIND SERVICES DOCUMENTATION FORM

Grantee Name: _____

Date	Type of Work Performed	# Of Volunteers	# Of Hours Worked	Value (\$8/hour)

Total Hours: _____ Total Value: \$ _____ (value of in-kind based on \$8/hour valuation of volunteer time)

Signature of Authorized Representative

Date