**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*** |

 |
| ***Accounting Use Only:*** |
|

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| $ |  |  |  |  |  |  |  |  |
| ***Value Recorded*** |  | ***DR/CR Account Numbers*** |  | ***Date Entered***  |  | ***Data Entry Person*** |  | ***JE Number*** |

 |