**In-Kind Contributions Form**

**Volunteer Data:**

Please fill out the below information for any in-kind volunteer hours contributed and used to meet the match requirement of your grant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Volunteers Name: | Volunteers Street Address: | Date(s) of Service: | Total Hours Worked: | Services Performed: | Fair Market Value of Services: |
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**In-Kind Contributions Form**

**Donations:**

Please fill out the below information for any in-kind volunteer donations contributed and used to meet the match requirement of your grant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Donor’s Name/ Organization: | Donor Email Address: | Date Provided: | Date Used: | Description of Donation: | Fair Market Value of Services: |
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|  |  |  |  | **TOTAL:** | **$** |