

Direction for HSCIP In-Kind Donation Form, 2010

Each individual volunteering should have an individual form

Date: The date of service

Individual or Business Name: Please input your name here

Address, City, and Zip: Please use your own address here

Center or Service Area: Please input the name of the center you are participating with

Total # of Hours Donated: Please input here how many hours you are at the site

Value of Donation: ****THIS SECTION IS VERY IMPORTANT**** This requires manual input on your part. The value is \$35.00 *per* fluoride varnish application. If you see 15 children the value for this category is $\$35.00 \times 15 = \525

Please sign and date the bottom of this form.

When you have completed, please hand the form to the center director.

Thank you for your dedication to this worthwhile cause!

Pinellas County Head Start/Early Head Start
6698 68th Avenue North, Suite D
Pinellas Park, FL 33781-5015

STATEMENT OF IN-KIND CONTRIBUTION

Date: _____

Individual or Business Name: _____
(Please Print)

DONOR CATEGORY: (Please Check)				
<input type="checkbox"/> Head Start Parent	<input type="checkbox"/> Non-Parent	<input type="checkbox"/> Business or Agency	<input type="checkbox"/> Former Parent	<input checked="" type="checkbox"/> Other

Address: _____	City: _____	State: FL	Zip: _____
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*Program to which goods or services are being donated? Head Start or Early Head Start

*Center or Service Area to which goods or services are being donated? _____

TYPE OF GOODS OR SERVICES DONATED
(Please Check One)

<input checked="" type="checkbox"/> TIME	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> MATERIALS	<input type="checkbox"/> SPACE	<input type="checkbox"/> OTHER
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*Description of Donation:
Application of topical fluoride varnish.

Total # of Hours Donated:
Total Miles Driven: 0

For Office Use Only: RATE: \$ <u>30⁰⁰</u> /Hr

VALUE OF DONATION: \$ 35⁰⁰ ^{total} _{x patients} _{treated}

*Are you a father or father figure to a Head Start child? Yes or No

****REQUIRED SIGNATURES****

Authorized Signature of Donor: _____ Date: _____

Staff Signature: _____ Date: _____