

**CHILD/FAMILY SERVICES
DONATED GOODS AND SERVICES NON-FEDERAL SHARE**

Delegate/DO _____ Date _____

Service Options:

___Center Based ___Home Based ___FCCH Location _____

Item Description	Fair Market Value	Purpose

Receipt of the in-kind contribution, described above, is hereby acknowledged by the undersigned authorized employee. It is mutually understood that this contribution will be applied to the Head Start program and will be counted as a part of the non-federal share required by our Federal Head Start Grant.

Donor Name _____

Donor Signature _____

Donor Address _____

Donor Phone # _____

Signed _____

Agency Representative

Distribution: White - Delegate/DO Yellow - Donor
Optional