



In-Kind Form

Donor Business/Organization: _____

Contact person/title: _____

Mailing address: _____

City: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Email Address: _____

What was the in-kind donation? _____

What is the value of the in-kind donation? _____

HOW WAS THE COST DECIDED?

UPON SIGNING THIS REQUEST I AM CERTIFYING THAT I HAVE PROVIDED AN IN-KIND DONATION TO THIS ORGANIZATION FOR THIS GRANT. I HAVE TRUTHFULLY FILLED OUT THE ABOVE INFORMATION WITH THE DONATION AND VALUE OF THAT DONATION.

Signature of Official

Official's Title

Date