

Non-Profit Organization of My County
P.O. Box 1234 • Any City, TX 76001 • (713) 879-2812

As you complete, note that contributions, including cash and third party in-kind can be counted toward matching requirements if they are not paid by the Federal Government under another award, except where authorized by Federal statute to be used for cost sharing or matching.

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 contributed

☺ Thank you for your support!! ☺

Office Use Only:				
<i>Person receiving goods or services on behalf of non-profit organization of my county:</i>				
<i>Printed name</i>		<i>Position</i>		
<i>Signature</i>		<i>Date received</i>		
Accounting Use Only:				
\$				
<i>Value recorded</i>	<i>DR/CR account numbers</i>	<i>Date entered</i>	<i>Data entry person</i>	<i>JE number</i>

SAMPLE