

Enrichment Services Program Inc. Statement of In-Kind Contributions

Center: _____ **Date:** _____

Contributor: _____

Address: _____

Head Start Parent Community Representative Professional Services Other (Specify) _____

Example:

Date	9/7	9/8	9/8	9/14	9/23	9/24	9/25
Hours	2	3	1	4	3	1	4
Code	CR	CR	MTG	FT	CR	PCA	CR

Date														
Hours														
Code														
Date														
Hours														
Code														

Description of Volunteer Codes

- | | |
|------------------------------------|---|
| CR - Work in Classroom | PCA - Parent-Child Activity (Parent Activity Sheets) |
| FT - Assist on Field Trips | MTG - Attendance at Meeting(s) / Committee Meeting(s) |
| SE - Special Event(s) | MP - Meeting Preparation |
| PA - Parent Activities | PP - Prepare Program Materials/Equipment |
| O - Other (must be specific) _____ | |

Total Hours: _____

Hourly Rate: X 10.47

Total Value :

Contributor's Signature _____

Authorized Staff Signature _____

Miscellaneous

Description of Donation : _____

Value \$ _____

Date: _____

Contributor's Signature _____

Authorized Staff Signature _____

Space

Location (address): _____

Rental Fee \$: _____

Contributor's Signature _____

Total Value \$: _____

Authorized Signature _____