



WCMCA Head Start
 In-Kind Contribution Form
 Audio/Visual, Consultants and Supplies



_____ **Title of Contributor** _____ **Contributor Signature**

Please list if hours worked are per day, per week, or per month.

_____ **Staff Signature** _____ **Date**

OFFICE USE ONLY

Consultants:			
_____ (number of hours)	X	_____ (hourly rate)	= \$ _____ 7820
Space:			
_____ (number of hours/days)	X	_____ (hourly/daily rate)	= \$ _____ 7840
Program Supplies:			
_____ (number of items)	X	_____ (rate per item)	= \$ _____ 7850
Mileage Donation:			
_____ (number of miles)	X	_____ (rate per mile)	= \$ _____ 7870
Miscellaneous (i.e. volunteer food):			
_____ (number of items)	X	_____ (rate per item)	= \$ _____ 7860
TOTAL CONTRIBUTION:			\$ _____ 4600
Office Staff			_____