

In Kind Contribution PARENT/LEGAL GUARDIAN

PLEASE be sure all information is legible and complete.

Volunteer's Name	Child's First and Last Name	Check One: Current Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/>
Address	Location/Classroom	
City, State, ZIP	Program (HS or EHS)	
Email		

TIME DONATIONS

Include travel time. Document in ¼ hour increments.
Use back of form for recording Teacher/Family Advocate assigned Parent-Child Lesson Plan Activities

DATE	TIME IN	TIME OUT	Classroom Volunteer	Maintenance/Repair Volunteer	Field Trip Parent Volunteer	HSPC, Health Services Advisory Committee, or Meetings	Employment Interview Parent Volunteer	Other Service Provided (Examples: At home activities for teacher (typing meeting minutes, cutting out items for craft projects, reading to child), Family Fun Night Activity OR Comments	TOTAL
GRAND TOTAL									

GOODS DONATION

(Includes child clothing, supplies, equipment, materials, etc.)

Date	Items Donated	Value	Date	Items Donated	Value
Value Total					

CASH DONATION
Amount \$

*****ALL** donated cash or checks must be delivered to the Fiscal Department with the completed In-Kind Contribution form, **prior to** spending.

Volunteer Signature

Reach Dane Authorized Signature

Date

A federal requirement of 25% local share, cash, or in-kind, must be met to enable this Agency to receive federal funds. Reach Dane, administers local, state and federally funded programs in the city of Madison and Dane and Green counties and is a tax-exempt organization described under Wisconsin Sales and Use Tax Law Section 77.54 (9a) and under Section 501 (c) (3) of the Internal Revenue Code. As a contributor, you will receive a letter in January confirming your contributions.

ASSIGNED PARENT-CHILD LESSON PLAN ACTIVITIES Month of: _____

Submit monthly. PLEASE be sure all information is legible. Complete in black or blue ink only.

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Address	Location/Classroom	
City, State, ZIP	Program	
Email		

	TEACHER/FAMILY ADVOCATE LESSON PLAN ACTIVITY (verified by staff)	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL HRS
Week 1									
Week 2									
Week 3									
Week 4									

	TOTAL
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	FISCAL DEPT ONLY								
<table style="width: 100%;"> <tr> <td style="width: 50%;">Parent Signature</td> <td style="width: 50%;">Date</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Reach Dane Authorized Signature</td> <td>Date</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Parent Signature	Date			Reach Dane Authorized Signature	Date			Total Hours _____
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