



Mountainland Head Start, Inc.

264 West 300 North Provo, UT 84601

(801) 375-7981

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DONATION FORM (In-Kind or Cash)

Mountainland Head Start, Inc. is federally funded. However, the government only provides 80% of the funds necessary to operate our program. The other 20% must come from in-kind, cash or discounts derived from non-federal sources. Each year, Mountainland Head Start, Inc. must obtain over \$1 million in-kind services and donations to meet our non-federal match. Head Start is community based and therefore the community is asked to support the program.

In-kind is the donation of time, space or materials (equipment and/or supplies) used in the program that would otherwise need to be purchased. Head Start staff determines the dollar value for all service and volunteer hours provided in the classroom, at Head Start sites or at home based on prevailing wages of the activity performed. The dollar amounts are totaled and help us reach our required non-federal share goals.

Mountainland Head Start, Inc. is a private, non-profit (501)(c)(3) agency, and donations may be tax deductible, according to IRS regulations. For our records, please indicate below the type and description of the donation and/or service you provided and indicate the dollar value for each donation of supplies, equipment or space. If you would like a copy of this completed form with all signatures, please indicate below, and we will forward a copy to you. Thank you for your participation with the Head Start program. Your donation is very much appreciated by the children and their families who have benefitted most from your generosity.

<p>Type and Description of Donation:</p> <p><input type="checkbox"/> Location _____</p> <p><input type="checkbox"/> Service or Volunteer _____</p> <p><input type="checkbox"/> Supplies _____</p> <p><input type="checkbox"/> Equipment _____</p> <p><input type="checkbox"/> Cash _____</p> <p><input type="checkbox"/> Discount _____</p>	<p>Purpose:</p> <p><input type="checkbox"/> Educational</p> <p><input type="checkbox"/> Training</p> <p><input type="checkbox"/> Medical or Dental</p> <p><input type="checkbox"/> Curriculum Extender</p> <p><input type="checkbox"/> Administrative/Office</p> <p><input type="checkbox"/> Other _____</p>	<p>Total Volunteer or Service Hours:</p> <p>_____</p> <p>In-Kind Rate: \$ _____</p> <p><i>(Office use only)</i></p>	<p>Total Dollar Value:</p> <p>\$ _____</p> <p><small>(Donations of supplies, equipment and space should be valued at their fair market value at the time of donation)</small></p>
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Print Name (Company or Individual) _____ Male Female

I certify that the above description and value of donated items and/or services is accurate and true to the best of my knowledge.

Donor Signature, Title _____ Date _____ Phone _____

YES, I would like a copy of this documentation sent to: _____
Address, e-mail or fax # _____

Receipt of merchandise or service acknowledged by:

Signature of Head Start Representative _____ Date _____

Signature of Head Start Executive Director _____ Date _____

