

JEFFERSON COUNTY PUBLIC SCHOOLS IN-KIND CONTRIBUTION FORM DONATED SERVICES

PROGRAM NAME: _____ **DATE:** _____

DIRECTOR:

NAME AND ADDRESS OF DONOR: _____

SERVICE PROVIDED	FAIR MARKET VALUE
TOTAL ESTIMATED VALUE:	

These services were obtained at no cost to Jefferson County Public Schools and are not from Federal sources unless authorized by law. The information supplied herein will be documented and used as non-federal match as in-kind to this program.

SIGNED:

Donor

Grant Director or Principal