



IN-KIND MATCH FORM

GOODS & SERVICES

Directions: For donors providing in-kind donations of services, goods and supplies, and travel - complete and sign this form. Please type or legibly print. Incomplete or illegible documents may be returned for correction. Signature must be either handwritten or a verifiable electronic signature. Scanned copies are acceptable; please retain the originals as mandated by grant regulations.

NAME:	School District:
	School Name
ADDRESS:	Month & Year

Date of Contribution	Detailed Description of Services Rendered	# of Hour(s)	Rate per Hour (\$)	Total
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Date of Contribution	Detailed Description of Goods and Supplies Provided	# of Unit(s)	Rate per Unit (\$)	Total
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Date of Contribution	Detailed Description of Travel Incurred	# of Mile(s)	Rate per Mile (\$)	Total
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
TOTALS				\$0.00

I certify that the information listed on this form represents an accurate estimate of the services rendered, goods and supplies provided and/or travel incurred for the GEAR UP program.

Signature: _____

Date: _____