Please complete the In-Kind Contribution Report for services, programs, activities in your school that are provided by community partners, programs or agencies.

* Affix a monetary amount to these services and document on the In-Kind form.
* Each organization should have their own form.
* Place a copy of the completed report in your Healthy School Team binder.
* Send a copy to the Office of Coordinated School Health at the end of the year.
* In-Kind contribution reports may be completed monthly and totaled quarterly as well as for the end of year report.

|  |  |
| --- | --- |
| **Organization Name:** |  **Activity/Program/Service:** |
| **CSH Component:**  |
| **Address:**  | **Phone:** |
| **Email:** | **Fax:** |



I certify that this statement is accurate for the actual expenses that were incurred by me.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_