



GEAR UP IN-KIND MATCH FORM

GEAR UP School: _____ Date: _____
 Contributor's Name &
 Business/Organization: _____

1. Please fill out this form for EACH source of in-kind/matching donation.
2. For each item listed, indicate the appropriate budget category.
3. For materials and supplies, **please include all proper documentation** of value or receipts of purchase.
4. Be sure that the form is signed by the person who donated the item, time or services. This form is not valid without a signature.
5. GEAR UP schools: keep a copy of all forms for your record and submit the original with your Monthly Service Report.
6. The volunteer rate of pay for the State of Arkansas is \$16.48 per hour. Volunteers acting in their professional capacity may use their personal hourly rate of pay to calculate value. To calculate service value, multiply hours by the applicable hourly rate.

<i>Match Budget Categories:</i>			
1= Salaries, wages, and benefits	2=Travel	3=Materials and Supplies	4=Other

Date	In-Kind Contribution <i>(Item(s) or service description)</i>	Budget Category	Hourly Rate	Total Hours	Value

Total Match:

By signing this form, I hereby certify that the contribution above has not and will not be paid from federal funds and this contribution has not and will not be used as match for any other federally funded program. All contributions above were contributed in direct benefit of the GEAR UP program and/or its participants.

 Printed Name

 Signature

 Date

Contributor: *If you were given this form to complete, please submit to:*
 LaJuanda Faye Coleman, GEAR UP, Phillips Community College, PO Box 785, Helena, AR 72342

Submit to LaJuanda Faye Coleman along with the Monthly Service Report no later than the 15th of each month.