

HEAD START IN-KIND TRACKING FORM
 (Head Start Act-Section 640.b)

Person or Company providing Services/Items: _____
 Address: _____
 Signature of Parent/Provider/Company Representative: _____
 Relationship to Child: _____

Please complete the appropriate option(s):

I. OPTION ONE: DONATION OF SUPPLIES OR MATERIAL

Date	Item Donated	Purpose	Cost Value/ Receipt

Total Cost: _____

II. OPTION TWO: VOLUNTEER SERVICES

Date	Types of Service	Hours/Minutes	Cost Per Hour	Total

Total: _____

III. OPTION THREE: HOME VISITS

Date	Reason for Home Visit	Hours/Minutes	Cost Per Hour	Total

Total: _____

For Head Start Program to Fill Out:

Program: _____
 GL# _____ Charge to Head Start Fiscal Year: July 2020-
 June 2021