

**IN-KIND MATCH FORM FOR
GOODS & SERVICES**



DIRECTIONS: Please complete donation details. Totals will calculate automatically. (It may be necessary to add a zero line item after the last calculable entry for the form to total correctly.) Sign and date the bottom of the form. When submitting a scanned, handsigned copy of this form, please retain the original in your files 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 |
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| Date of Contribution | Detailed Description of Goods and Supplies Provided | # of Unit(s) | Rate per Unit (\$) | Total |
|----------------------|---|--------------|--------------------|-------|
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| Date of Contribution | Detailed Description of Travel Incurred | # of Mile(s) | Rate per Mile (\$) | Total |
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| TOTALS | | | | |
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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 Iowa program.

Signature: _____

Date: _____