

IN-KIND CONTRIBUTION FORM

The Drug Free Communities Support Program requires the coalition to provide matching funds. This is accomplished primarily through in-kind contributions. In-kind contributions can be such things as a person's time, a service (with a price assessed), supplies, meeting space, technology costs, etc. This form is designed to capture your in-kind donations to the coalition. If you have any questions, feel free to contact Jodie Faber at coordinator@montcalmprevention.org. Please complete this form, save it to your computer and then attach it to an email to: coordinator@montcalmprevention.org. Thank you!!!

In reco	ding your time, please round to the nearest qua		Total Other	
Date	Name	Total Miles Driven (Round Trips)	Total Total Meeting Time	<u>Time:</u> >Travel >Preparing** >Set-up & Take down
		<u> </u>		

	paring for an activity includes but is not limited to purplies or materials; preparing a presentation, review	-	_	_		
Examples equipmer	Dollar Value					
Total hou	rs in meeting space at MMDHD/MAISD/Other I	ocation				
Total hours use of conference calling technology						
Other res	ource donation:					
Other res	ource donation:					
Other res	ource donation:					
					l	
·=	Media Coverage/Impress include: Newspapers, Radio, Television, Facebentations, Trainings sponsored by YOUTHINK M Montca	oook, Twitte Iontcalm, Co	r, Snapcha		=	
Date	Media Coverage/Impression/Engagement	Total Time	Reach	Impressions/Engagement		
he commu Reach: Impres Engage	coverage is an important measurement of our unity. the number of people who see your content. sions: the number of times your content is disperment: the number of interactions people have ets, etc.)	olayed.		·		
Signature:			Date:			
			Office	Office use: Date Recorded Form Number		