IN-KIND SERVICE FORM

For federal auditing purposes, the Rhode Island Council for the Humanities must have a record of all in-kind matching services donated to each grant project. In-kind contributions represent the value of non-cash contributions provided to the project by the grantee and non-Federal third parties. Please describe services donated to this RICH grant project below and the basis used for computing valuations. Additional copies of this form *should be made and given* to each in-kind service provider for completion to be filed together with the Financial Expenditure Report.

Project Grant Number: _____

Donor Name, Title, and Employer:

_____

Services and Donations:

a. Personnel Donations [e.g. Time (hrs x $/hr) or (days x $/day); Travel (miles x .40 cents/mile)]
b. Merchant Donations [e.g. Materials, Supplies, Equipment, Print Media, Air Time]
c. Institutional Services [e.g. Space, Utilities, Materials, Administration]

DATE OF SERVICE	DETAILED DESCRIPTION OF SERVICE OR DONATION	$ VALUE

Total Amount of Contributed Services $_____

I hereby certify that this is an accurate statement of services donated to the above named project.

_____ _____

Donor Signature Date