



# IN-KIND SERVICE FORM

**Directions:**

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 Council-supported 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. All in-kind forms should be filed together and submitted with the grant's final report.

**Project Grant Number:**

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**Donor Name, Title, and Employer:**

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**Services and Donations:**

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

DATE OF SERVICE	BRIEF DESCRIPTION OF SERVICE OR DONATION (including rate, if applicable)	DOLLAR VALUE OF IN-KIND DONATION

**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