

Humanities MONTANA

IN-KIND CONTRIBUTIONS REPORT



Grant Number _____

PROGRAM TITLE: _____

SPONSORING ORGANIZATION: _____

NAME OF CONTRIBUTOR: _____

ORGANIZATION OR BUSINESS REPRESENTED: _____

I certify that I personally, or the organization or business that I represent, have furnished in-kind services or goods to the above program as matching contributions to the Humanities Montana. I understand that the in-kind contributions listed below do not include any such goods or services that I have been compensated for with funds from Humanities Montana or the Federal Government.

SERVICES CONTRIBUTED:

<u>DATES</u>	<u>ACTIVITY</u>	<u>NO./HOURS</u>
_____	Prep Time _____	_____
_____	Travel Time _____	_____
_____	Meeting Time _____	_____
_____	Other (Specify) _____	_____

TOTAL hours: _____ times my hourly rate of \$ _____ = **TOTAL FOR SERVICES** \$ _____

GOODS CONTRIBUTED:

(Proper documentation must be attached for each item listed)

_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL FOR GOODS \$ _____

EXPENSES CONTRIBUTED:

Travel: _____ miles of personal car mileage at \$.55 per mile \$ _____

Promo: _____ inches of newspaper service at \$ _____ per inch \$ _____

_____ minutes of radio or TV time at \$ _____ per min \$ _____

Other _____ \$ _____

TOTAL FOR EXPENSES \$ _____

TOTAL IN-KIND CONTRIBUTION \$ _____

I hereby certify that the contribution reported here in has not and will not be paid from any federal funds and further that said contribution has not and will not be used as matching for any other federally funded program.

Contributor _____

Date _____

Project Director _____

Date _____