



Non-Federal Match Donated Items

Center/Site Location _____
 Classroom _____
 Date Received _____
 Staff Signature _____
 Supervisor Signature _____

Donor Name or Company: _____

Phone: _____

Address: _____

Email: _____

Description of Items Donated	Quantity	Estimated Fair Value	Staff Member Verified Fair Market Value

Total Items Donated _____

Rate (FMV) = _____

Total Non-Federal Match _____

Donor Signature: _____

Date: _____