

## In-Kind Information

The program is required to receive 20% of our total grant funding in in-kind goods and services. Value of items received should be listed as their "fair market value". A person's time should be valued as their typical hourly rate if they are volunteering in that capacity. If they are a classroom volunteer or attending a parent activity, the value is minimum wage. The in-kind hourly "cheat sheet" will give you the current wage to use. Forms need to be signed by both the donor and a Head Start staff and should be returned at the end of each month. At the end of the grant year in October, I will need that month's forms as we wrap up financials for the year. As you are tracking in-kind, these are the following categories everything falls into. If a form falls into more than one category, please make sure things are separated.

**Volunteer time** – classroom, field trips, speakers, drive time

**Professional** – therapists, co-op staff

**Parent Activity** – group activities

**Travel** – mileage to and from activities

**Space Donated** – supply storage, vehicle storage, donated building space

**Food** – food items donated for activity projects, snacks for group

**Supplies** – anything donated that is used for the program/centers/groups (Items given to the children/families do not count, door prizes for groups do not count)

Follow the mantras:

"If it leaves the center, it doesn't count as in-kind."

"Is this something the program would have had to spend money on?"

See Samples of In-Kind forms:

General In-Kind

Parent Activity In-Kind

Center Home Activities In-Kind

Home Base Monthly Activities In-Kind

In-Kind "Cheat Sheet"

Monthly In-Kind Tracking Sheet





CENTER/SITE: \_\_\_\_\_

MONTH/YEAR: \_\_\_\_\_



### CENTER IN-KIND

PARENTS - We need your help getting your child ready for Kindergarten  
(or for next year at Head Start if they were three when they started)



Our program also relies on your help for FUTURE FUNDING – We are required to gather a large percentage of In-Kind Hours. THANK YOU FOR YOUR HELP!

**FILL IN THE DAY, DATE, ACTIVITY, AMOUNT OF TIME and SIGN AT THE BOTTOM – TURN IN TO YOUR TEACHER MONTHLY**

Day/Date	Week 1 Learning Activities	Amount of Time Spent
10/1	Shape sort	15 minutes
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Total Time Spent		

Day/Date	Week 2 Learning Activities	Amount of Time Spent
10/8	Read Book	15 minutes
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Total Time Spent		

Day/Date	Week 3 Learning Activities	Amount of Time Spent
10/17	1 Spy Game	15 minutes
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Total Time Spent		

Day/Date	Week 4 Learning Activities	Amount of Time Spent
10/25	Cutting Shapes	15 minutes
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		
Sun		
Total Time Spent		

TOTAL HOURS FOR THE MONTH		hrs
Total Hours spent working on planned Head Start activities with my Head Start child this month: \$9.95 per hr. x _____ =		\$

Head Start Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Base In-Kind \_\_\_\_\_

Home Base Unit: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Select Activities from the Parent Guide. Write in Activity number and name of the activity. Be Specific. Check (X) the appropriate boxes in the table for time spent doing activities with child on each day. Time spent per activity per day cannot exceed maximum. Round off to the nearest half hour.

CURRICULUM UNIT:								TOTAL HRS PER DAY 4 MAX
DAY DATE	INKIND ACTIVITIES DOCUMENT ACTIVITY NUMBER AND WRITE IN ACTIVITY	TIME SPENT DOING ACTIVITY	SOCIAL EMOTIONAL	PHYSICAL	COGNITIVE	LANGUAGE		
MON		1/4 hr						
TUES		1/2 hr						
WED		1/4 hr						
THUR		1/2 hr						
FRI		1/4 hr						
SAT		1/2 hr						
SUN		1/4 hr						
Total Hours								

**Using the School Readiness Activity from Group:**

	1/4 hr			
	1/2 hr			
Total Hours				

**Home Visit Dates**


Parent/Guardian Signature \_\_\_\_\_

Home Visitor Signature \_\_\_\_\_

Month / Year \_\_\_\_\_

2022/2023

CURRICULUM UNIT:								TOTAL HRS PER DAY 4 MAX
DAY DATE	INKIND ACTIVITIES DOCUMENT ACTIVITY NUMBER AND WRITE IN ACTIVITY	TIME SPENT DOING ACTIVITY	SOCIAL EMOTIONAL	PHYSICAL	COGNITIVE	LANGUAGE		
MON		1/4 hr						
TUES		1/2 hr						
WED		1/4 hr						
THUR		1/2 hr						
FRI		1/4 hr						
SAT		1/2 hr						
SUN		1/4 hr						
Total Hours								

Time spent working on Planned Head Start Activities with my Head Start child this month: \$9.95 per hr. x \_\_\_\_\_ = \_\_\_\_\_

Providing space to carry out Home Visit: \$2.50 per visit x \_\_\_\_\_ = \_\_\_\_\_

Time spent with the Home Visitor planning each week's activities: \$9.95 per hr. X \_\_\_\_\_ = \_\_\_\_\_

Total In-Kind \_\_\_\_\_

**In-Kind - \$9.95 Per Hour (1/2022)**

1 \$ 9.95	8 \$ 79.60	15 \$ 149.25
1.25 \$ 12.44	8.25 \$ 82.09	15.25 \$ 151.74
1.5 \$ 14.93	8.5 \$ 84.58	15.5 \$ 154.23
1.75 \$ 17.41	8.75 \$ 87.06	15.75 \$ 156.71
2 \$ 19.90	9 \$ 89.55	16 \$ 159.20
2.25 \$ 22.39	9.25 \$ 92.04	16.25 \$ 161.69
2.5 \$ 24.88	9.5 \$ 94.53	16.5 \$ 164.18
2.75 \$ 27.36	9.75 \$ 97.01	16.75 \$ 166.66
3 \$ 29.85	10 \$ 99.50	17 \$ 169.15
3.25 \$ 32.34	10.25 \$ 101.99	17.25 \$ 171.64
3.5 \$ 34.83	10.5 \$ 104.48	17.5 \$ 174.13
3.75 \$ 37.31	10.75 \$ 106.96	17.75 \$ 176.61
4 \$ 39.80	11 \$ 109.45	18 \$ 179.10
4.25 \$ 42.29	11.25 \$ 111.94	18.25 \$ 181.59
4.5 \$ 44.78	11.5 \$ 114.43	18.5 \$ 184.08
4.75 \$ 47.26	11.75 \$ 116.91	18.75 \$ 186.56
5 \$ 49.75	12 \$ 119.40	19 \$ 189.05
5.25 \$ 52.24	12.25 \$ 121.89	19.25 \$ 191.54
5.5 \$ 54.73	12.5 \$ 124.38	19.5 \$ 194.03
5.75 \$ 57.21	12.75 \$ 126.86	19.75 \$ 196.51
6 \$ 59.70	13 \$ 129.35	20 \$ 199.00
6.25 \$ 62.19	13.25 \$ 131.84	20.25 \$ 201.49
6.5 \$ 64.68	13.5 \$ 134.33	20.5 \$ 203.98
6.75 \$ 67.16	13.75 \$ 136.81	20.75 \$ 206.46
7 \$ 69.65	14 \$ 139.30	21 \$ 208.95
7.25 \$ 72.14	14.25 \$ 141.79	21.25 \$ 211.44
7.5 \$ 74.63	14.5 \$ 144.28	21.5 \$ 213.93
7.75 \$ 77.11	14.75 \$ 146.76	21.75 \$ 216.41

Mileage: \$.42 per mile

Professional Services: \$150.00 per hour (speech/physical therapy, etc.)

Storage of Head Start Supplies: \$150.00 per month

Storage of Head Start Vehicles: \$150.00 per month

Rate	November	December	January	February	March	April	May	June	July	August	September	October
<b>Aberdeen</b>												
9.95/hr Parent Activity	x,x	x	x	x	x		x					
150/hr Therapists	x	x	x	x	x	x,x	x,x					
<b>Huron</b>												
9.95/hr Parent Activity	x	x		x	x		x					
Space Donated	x	x	x	x	x	x	x					
<b>Leola</b>												
9.95/hr Parent Activity		x	x	x	x	x	x					
Classroom Space & Salary	x	x	x	x	x	x	x					
<b>Mobridge</b>												
9.95/hr Parent Activity	x	x	x	x	x	x	x					
Classroom Space	x	x	x	x	x	x	x					
Storage Space	x	x	x	x	x	x	x					
50/mo Meeting Space	x	x	x	x	x	x	x					
150/mo Office Space	x	x	x	x	x	x	x					
<b>Northwestern</b>												
9.95/hr Parent Activity	x	x	x	x	x	x	x					
Classroom Space & Salary	x	x	x	x	x	x	x					
<b>Redfield</b>												
9.95/hr Parent Activity	x	x	x	x	x	x	x					
150/hr Therapists	x	x	x	x	x	x	x					
<b>Sisseton</b>												
9.95/hr Parent Activity	x			x	x		x,x					
150/hr Therapists	x			x	x		x					
<b>Webster</b>												
9.95/hr Parent Activity				x			x					
9.95/hr Classroom Volunteers	x	x	x	x	x	x	x					
150/hr Therapists	x	x	x	x	x	x	x,x					
<b>Wilmot</b>												
9.95/hr Parent Activity		x			x							
150/hr Therapists	x	x	x	x	x	x	x					
Classroom Space & Salary	x	x	x	x	x	x	x					
<b>Red</b>												
9.95/hr Parent Activity	x,x	x	x	x,x	x,x	x,x	x					
Home Base Work	x	x	x	x	x	x	x					
300/mo HV Storage - Supplies & Vehicle	x	x	x	x	x	x	x					
50/mo Meeting Space (Britton)		x	x	x	x	x	x					
150/mo Storage Space (Britton)	x	x	x	x	x	x	x					
50/mo Meeting Space (White Rock)	x	x	x	x	x	x	x					
150/mo Storage Space (White Rock)	x	x	x	x	x	x	x					
<b>Yellow</b>												
9.95/hr Parent Activity	x	x	x	x	x,x	x	x,x					

