**Missouri Balance of State CoC**

Board of Director In-Kind Donation Form

Name:

Date:

Address:

Telephone:

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Email:

Description of donation (activity, amount of time, purpose, number of meetings):

Date range included in this form:

# of hours: Value of donation ($18.47/hour x # of hours): $

If a different value was used, explain:

Value of donation ($0.58 cents/mile x # of miles): $

Value of lodging (state rate): $

**Initial each statement below verifying they are correct.**

1. My donated time listed above was not paid for with CoC funds. \_ *(initial)*
2. My donated time listed above was not used as match to another grant.\_ *(initial)*

**By signing this form, I agree that everything listed above is true and correct to the best of my knowledge.**

Signature: Date: