

# Florida Small Business Development Center Network

## Record of In-Kind Contributions

|                            |  |
|----------------------------|--|
| <b>Name of Contributor</b> |  |
| Phone Number               |  |
| E-Mail                     |  |

### Volunteer Services (Counseling and Training)

|   |  |
|---|--|
| Date and Time of Service Performed  |  |
| Description of Services Performed (volunteer counselor, workshop speaker, hours contributed, etc.): |  |
|   |  |
| Rate Charged (per hour)   |  |
| Value of Donated Services   |  |
| Basis for Rate Charged:   |  |
|   |  |

### Non-Expendable Property \*

|  |  |
|--|--|
| Date Property Provided   |  |
| Type of Property: Office Facility/Classroom Facility/Public Service Announcement, Other (Explain): |  |
|  |  |
| Fair Market or Rental Value  |  |
| Additional Information Description:  |  |
|  |  |

### Expendable Property

|   |  |
|---|--|
| Office Supplies                                 |  |
| Equipment                                       |  |
| Handouts (brochures and other printed material) |  |
| Other (Explain)                                 |  |
|   |  |

|              |  |
|--------------|--|
| <b>TOTAL</b> |  |
|--------------|--|

**Volunteer Services:** I certify that I have placed a fair market value on my donated services.

**Signature of Volunteer:**

**Donated Property:** I certify supporting documentation is on file to support the fair market/rental value of the non-expendable and expendable property reported above.

**Signature:**

Record for matching purposes toward program identified below (SBDC, PTAC, Other)

**Program:**

**SBDC Representative:**

**Signature:**

**Title:**

**Date:**

\* Supporting documentation on fair market/rental value of non-expendable and expendable property should be kept on file.