

# CONTRIBUTIONS to ICS HEAD START

**Date Received:** \_\_\_\_\_

These are items that Head Start would purchase for use in the program. These items are to be used in Head Start and not sent home or for personal use. **\*Estimated value** is yard sale or thrift store price unless items are new and in excellent condition. The ICS Contribution Valuation Instrument may be used also.

Specific Items	N=New U=Used	Quantity	Estimated Fair Market Value Each	Total
<b>Books/Booklets/Magazines</b>				
<b>Clothes Closet</b> <small>ONLY children's clothing for change of clothes in case of accident</small>				
<b>Dental/Medical Supplies</b>				
<b>Dramatic Play</b> <small>ONLY children's clothing for educational experiences</small>				
<b>Facilities/Space</b> <small>Fair Rental Value</small>				
<b>Food</b> <small>Fruit, Juice, etc.</small>				
<b>Furniture</b> <small>Office, Classroom</small>				
<b>Janitorial Supplies</b> <small>ONLY items ICS purchases</small>				
<b>Loaned Items</b> <small>Fair Rental Value</small>				
<b>Materials/Supplies</b> <small>Classroom, Kitchen, Office</small>				
<b>Other</b> <small>Specify</small>				
<b>Storage</b> <small>Bus</small>				
<b>Toiletries</b> <small>LIQUID Soap, Diapers, Wipes, etc.</small>				
<b>Toys</b> <small>Educational</small>				

*Thank you for your contribution.*

**TOTAL ESTIMATED VALUE \$\_\_\_\_\_**

**Printed Contributor's Name or Company Name** \_\_\_\_\_

**SIGNATURE OF CONTRIBUTOR**

~\*~STAFF WILL COMPLETE ITEMS BELOW THIS LINE~\*~

**the information reported above is correct to the best of my knowledge and belief.**

**Attach proper documentation to the back of this form.**

Arranged by \_\_\_\_\_ **AUTHORIZED APPROVAL** \_\_\_\_\_  
Send form with original information *and* signatures, and documentation to Parent Engagement Office.

Revised LS 6/2023