

CONTRIBUTIONS to ICS HEAD START

Central Office: _____ or Center : _____
Central Office Service Area to receive credit Center to receive credit

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

I certify that the information reported above is correct to the best of my knowledge.

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