

CONTRIBUTIONS to ICS HEAD START (2)

Date _____

Center (to receive credit) _____

Only use ONE form for the center per occurrence. Do not use multiple forms.
List the number of ALL children who received the same services/items on this form.

ATTACH the items listed below to the **back** of this form:

(1) **ChildPlus List** of children receiving services/items

(2) **Documentation** (letter on provider's letterhead, invoice, receipt, agreement/contract)

Check **ICS VALUATION INSTRUMENT** for regular charges.

Specific Procedures/Items	Date of Service	Number of Children Who Received Services/Items	Regular Charge per child \$	Cost to Agency per child \$	Actual Donation per child \$

___ Used ICS Contribution Valuation Instrument to get regular charge.

___ Used other documentation to get regular charge, if not on ICS Contribution Valuation Instrument.

Number of Children _____ X Actual Donation _____ = **Total Donation \$** _____

“Volunteering – A wise investment in yourself and your community. Thank you for your contribution.”

Print Provider's Name _____

Signature of Provider _____

Name of Providers Clinic _____

Provider's Address _____

Arranged By _____

Authorized Approval _____

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

Send form with original information and signatures, ChildPlus list of children, and documentation to Parent Engagement Office.

Attach proper documentation to the back of this form.

Revised LS 6/2025