

## 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