

Community Action Team, Inc.
CHILD & FAMILY DEVELOPMENT PROGRAMS
 In-Kind Donations and Services

Head Start Healthy Start

<i>ITEM DONATED</i>	<i>VALUE</i>	<i>DATE</i>	<i>SIGNATURE</i>	<i>PRINT NAME</i>

Total of Donations: \$_____

Approved by Center Manager: _____ Date: _____

Approved by: _____ Date: _____

<i>SERVICES DONATED</i>	<i>VALUE</i>	<i>DATE</i>	<i>SIGNATURE</i>	<i>PRINT NAME</i>

Total of Donated Services: \$_____

Approved by Center Manager: _____ Date: _____

Approved by: _____ Date: _____