

REGINA COELI CHILD DEVELOPMENT CENTER  
IN-KIND CENTER MANAGER CERTIFICATION & PACKET COVERSHEET

MONTH/YEAR: \_\_\_\_\_/20\_\_\_\_\_

CENTER: \_\_\_\_\_

VOLUNTEER INKIND DONATION FORMS	# OF FORMS	\$ TOTAL VALUE
<input type="checkbox"/> DONATION RECORD FORMS (SORTED BY DONOR)		

GOENGAGE INKIND TIME REPORTS EMAILED PDF TO BUSINESS OPERATIONS	DATE EMAILED:	\$ TOTAL VALUE
<input type="checkbox"/> VOLUNTEER TIME BY CENTER (shows activity totals)		
<input type="checkbox"/> VOLUNTEER IN-KIND REPORT		

VOLUNTEER INKIND FORMS
<input type="checkbox"/> GROUP TIME SHEETS (SORTED BY DATE)
<input type="checkbox"/> INDIVIDUAL TIME SHEETS (SORTED ALPHABETICALLY)
<input type="checkbox"/> HOME SCHOOL CONNECTION LOGS (SORTED ALPHABETICALLY)

***I CERTIFY THAT:***

- 1) THIS PACKET HAS BEEN REVIEWED***
- 2) THAT ALL FORMS ATTACHED INCLUDE DONATED TIME, GOODS, AND SERVICES THAT ARE ALLOWABLE, REASONABLE, ACTUAL, VALUED APPROPRIATELY, AND WERE NECESSARY FOR THE OPERATION OF A HEAD/START/EARLY HEAD START PROGRAM***
- 3) THAT THE VALUE OF THESE DONATIONS HAVE BEEN APPROPRIATELY RECORDED IN THE PROMIS SOFTWARE.***

Reviewing Director Signature \_\_\_\_\_ Date: \_\_\_\_\_

DATE RECEIVED IN GRANTEE OFFICE: \_\_\_\_\_ DATE RECORDED TO GL: \_\_\_\_\_

Returned to Center: \_\_\_\_\_ Received in Grantee office: \_\_\_\_\_ Returned to Center: \_\_\_\_\_ Received in Grantee office: \_\_\_\_\_