

**FRESNO EOC HEAD START**

**IN-KIND CONTRIBUTION OF PERSONNEL**

(Use this form for one time or infrequent use of professionals/  
semi-professionals services i.e. consultants, students, organizations.)

**Head Start**

1920 Mariposa Mall  
Suite 200  
Fresno, CA 93721  
(559) 263-1200

MO/YR: \_\_\_\_\_

SERVICE AREA: \_\_\_\_\_ AREA/SITE: \_\_\_\_\_

DONOR/OCCUPATION: \_\_\_\_\_

DONOR'S ORGANIZATION: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Hrs.															
Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Hrs.															

TOTAL HOURS: \_\_\_\_\_ HOURLY RATE: \_\_\_\_\_ TOTAL VALUE: \_\_\_\_\_

DESCRIPTION OF DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DONOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_