

Walter Fleming, Board President
Jessica McMoore, Executive
Director



2700 Middleburg Drive, Suite 213
Columbia, South Carolina 29204
Phone: 803-771-9404
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E-mail: SCACAP
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SCACAP

Early Head Start

Non-Federal Share

In order to receive our Early Head, Start Grant, SCACAP agreed to match 20% of our grant award with Non-Federal Share In Kind Donations. This is a vital part of maintaining the grant. All Child Care Partners In a contract with SCFS will be required to assist in gathering the Non-Federal Share In Kind Donations.

Non-Federal Share contributions must meet all of the following criteria:

- Are necessary and reasonable for proper and efficient accomplishment of approved grant objectives.
- Are not Included as matching contributions for any other federally assisted program or any federal contract (are not double counted).
- Are incurred and contributed during the grant period.
- Are types of costs which are allowable under the applicable Federal Cost Principle.
- Are not paid by the Federal Government directly or Indirectly under another assistance agreement unless authorized by federal law to be used for cost sharing or matching.
- Are provided for In the approved grant agreement. Are verifiable from the grantee's record.
- Non-Federal Share must be fairly valued and must be of such nature that, if the federal share had been used to pay for the contribution, the grantee would have Incurred an
- allowable cost.

Examples of Non-Federal Share:

- Non - Employee Volunteer Labor Donation of Space
- Meeting Facilities
- Performance of Services at a reduced cost
- Expenses not paid by the State to provide care for the children Policy Council Committee Meetings that provide training to parents.
- Either cash or In Kind contributions of goods, property, services, or combinations of
- these can qualify and meet matching non-federal share requirements when the criteria above are met.

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Records, including required supporting documentation, or in-kind services performed, or goods received must be maintained on a current basis.

Valuation of Non-Federal Share from Non-Federal Parties:

Volunteer services charged to the grant must make a meaningful and desirable contribution. They may be furnished by professional and technical personnel, consultants, and other skilled and unskilled labor. Volunteers must possess the required qualifications in the skill or professional service in which they are involved, and must actually perform that specific work. Rates claimed for volunteer services must be consistent with those regular rates paid for similar work in other activities of the State Government or similar work in the labor market in which grantee competes for the kind of services involved. If a volunteer performs services outside his/her profession or trade, this volunteer's time must be valued at the federal minimum **wage** rate unless a higher rate can be documented as applicable. The use of volunteer services must be documented by the same methods used by the grantee, subgrantee, or other third party for its own employees, although stricter accountability standards may be agreed to by the grantee and third parties.

Rates:

Classroom Volunteers: \$10/hour plus 40% fringe = \$14.00/ hour

Policy Council Volunteers: \$29/hour plus %40 fringe = \$40.50/ hour

Please Note: All In-Kind forms must be signed by the Child Care Partner's Director for validation and confirmation that the work was supervised and performed according to Early Head Start Standards.

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CONTRIBUTION RECEIPT VOUCHER

Name of Donor:	
Center Name:	
For Grant Fiscal Year	
Cash Contribution (Check One)	
Amount:	<input type="checkbox"/> Check <input type="checkbox"/> Cash

Donated Supplies/ Equipment/Space

Supplies:	
	(General Description of Donated Materials)
Equipment:	
	(General Description of Donated Materials)

SPACE: Classrooms, Offices
 (description of space and intended use)

	Square Feet	Value	Total Value
Outside			
Inside			
(computation of assigned value of space)			
Space Total			

Other Services

Dates of Services	Work Performed	Total Hours/ of Services	Value per Hour/Day/ Month/ Year	Total Assigned Values Services
Total				

Receipt of the In-Kind Contribution, described above, is hereby acknowledged by the undersigned. It is mutually understood that this contribution will be applied to the Early Head Start Program and will be counted as a part of the non-federal share required by the Federal Early Head Start Grant.

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Signature of Donor: _____ Date: _____

Printed Name/ Job Title: _____

Signature of Director/Designee: _____ Date: _____

Please Sign form and keep a copy.

**HOME LEARNING ACTIVITY/INTERACTIVE LITERACY ACTIVITY
 DOCUMENTATION FOR IN-KIND FORM**

Child's Name: _____ Center Name: _____

Parents: This form helps you document your In-Kind contributions Please return it signed to the center weekly.

Date: _____ <input type="checkbox"/> Parent Bulletin Activity <input type="checkbox"/> Home Learning <input type="checkbox"/> Parent Education Home Activity <input type="checkbox"/> Learning Library Material <input type="checkbox"/> Love Reading Activity <input type="checkbox"/> Other: _____	Date: _____ <input type="checkbox"/> Parent Bulletin Activity <input type="checkbox"/> Home Learning <input type="checkbox"/> Parent Education Home Activity <input type="checkbox"/> Learning Library Material <input type="checkbox"/> Love Reading Activity <input type="checkbox"/> Other: _____	Date: _____ <input type="checkbox"/> Parent Bulletin Activity <input type="checkbox"/> Home Learning <input type="checkbox"/> Parent Education Home Activity <input type="checkbox"/> Learning Library Material <input type="checkbox"/> Love Reading Activity <input type="checkbox"/> Other: _____	Date: _____ <input type="checkbox"/> Parent Bulletin Activity <input type="checkbox"/> Home Learning <input type="checkbox"/> Parent Education Home Activity <input type="checkbox"/> Learning Library Material <input type="checkbox"/> Love Reading Activity <input type="checkbox"/> Other: _____
Activity Description	Activity Description	Activity Description	Activity Description
Please Check the amount of time <input type="checkbox"/> 15 Minutes <input type="checkbox"/> 30 Minutes <input type="checkbox"/> 45 Minutes <input type="checkbox"/> 60 Minutes	Please Check the amount of time <input type="checkbox"/> 15 Minutes <input type="checkbox"/> 30 Minutes <input type="checkbox"/> 45 Minutes <input type="checkbox"/> 60 Minutes	Please Check the amount of time <input type="checkbox"/> 15 Minutes <input type="checkbox"/> 30 Minutes <input type="checkbox"/> 45 Minutes <input type="checkbox"/> 60 Minutes	Please Check the amount of time <input type="checkbox"/> 15 Minutes <input type="checkbox"/> 30 Minutes <input type="checkbox"/> 45 Minutes <input type="checkbox"/> 60 Minutes

Total Hours x _____ = Total Value Date: _____

Parent Signature: _____ Staff Signature: _____