

In-Kind Matching Funds

For each dollar (\$1) the EPIC Head Start / Early Head Start program receives from the federal government, our program must generate twenty-five cents (\$0.25) of local matching funds. These matching funds may be in the form of cash donations, items, volunteer service, space, etc.

Each Early Head Start / Head Start staff member is to maintain an in-kind binder, which includes documentation of in-kind for each month. All in-kind must be supported by documentation, therefore there are forms located at each center for each parents to sign while volunteering in socializations, classroom or on the bus and attending field trips.

In-kind is to be totaled monthly and checked by designated FA staff. Early Head Start and Head Start totals are then submitted to the EHS/HS Director. These totals are taken to Policy Council and reviewed monthly.

Volunteer hours are calculated based on how many years a parent has been in the program (see below), whereas professionals are calculated at \$27.91 per hour, unless they are willing to provide their actual hourly wage. Committee representatives are calculated at \$19.10 per hour, the same as a third year parent. Staff are responsible for totaling hours and documenting donations.

1st year parent - \$18.10 per hour
2nd year parent - \$18.60 per hour
3rd year parent - \$19.10 per hour
4th year parent - \$18.74 per hour
5th year parent - \$19.24 per hour

**EPIC Early Head Start/Head Start In-Kind
Caregiver/Child Activity and Volunteer Time Sheet**

EHS or Head Start Child			
Month / Year			
READ TO ME EVERY DAY (**use Key)		Minutes Daily _____	Total Hours _____
Teaching Strategies Gold Learning Activities / ELRS Completed by Caregiver and Child (**use key)			
Hours		Activity Description	
Hours		Activity Description	
**Total Hours _____		** KEY: 5 minutes a day = 2 ½ hours a month 10 minutes a day = 5 hours a month 15 minutes a day = 7 ½ hours a month 20 minutes a day = 10 hours a month	

Date	Hours	
		EHS socialization or HS Classroom volunteer (Parent or caregiver assisting)
		EHS socialization or HS Classroom volunteer (Parent or caregiver assisting)
		EHS socialization or HS Classroom volunteer (Parent or caregiver assisting)
		EHS socialization or HS Classroom volunteer (Parent or caregiver assisting)
		Field Trip (Parent or caregiver chaperone)
		Field Trip (Parent or caregiver chaperone)
		EHS/HS Parent meeting/activity volunteer (Parent or caregiver assisting)
		EHS/HS Parent meeting/activity volunteer (Parent or caregiver assisting)

Date	Hours	Extra volunteer activities (do not include group activities or meetings where you signed a sign-in sheet) DESCRIBE ACTIVITY

Adult's years in Early Head Start/Head Start (check one) 1 2 3 4 5

Grand Total Hours _____

Parent/Guardian Signature

EHS/HS Staff Signature

Office use: Total Amount \$ _____ EHS/HS Family Advocate Staff initials: _____

