FINANCIAL & ADMINISTRATIVE REQUIREMENTS

PERFORMANCE STANDARD 1303

SUBPART A – FINANCIAL REQUIREMENTS

SUBPART B – ADMINISTRATIVE REQUIREMENTS

SUBPART C – PROTECTIONS FOR THE PRIVACY OF CHILD RECORDS

SUBPART D – DELEGATION OF PROGRAM OPERATIONS

SUBPART E – FACILITIES

SUBPART F – TRANSPORTATION

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 parent 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 Family Advocate 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 $29.44 per hour, unless they are willing to provide their actual hourly wage. Community representatives are calculated at $21.75 per hour, the same as a five-year parent. Staff are responsible for totaling hours and documenting donations.

1st year parent - $19.75 per hour
2nd year parent -$20.25 per hour
3rd year parent - $20.75per hour
4th year parent - $21.25 per hour
5th year parent - $21.75 per hour

We require receipts or if receipts are not available. FMV

SLH 7/6/2022

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

EHS or HS Child	
Month/Year	
***READ TO ME EVERY DAY (** use key)**	Minutes Daily_____ Total Hours _____
*A family literacy program designed to encourage and support language and literacy skills at home. Children choose five books each week and take them home along with a journal for drawing and sharing their ideas.	

Date	Hours	At Home Learning Activities Provided by Classroom or HV staff and Completed by Caregiver & Child (**use key)	
	hrs	School Readiness Goal Activity Description	
	hrs	School Readiness Goal Activity Description	
	hrs	School Readiness Goal Activity Description	
	hrs	School Readiness Goal Activity Description	

**KEY: 5 minutes a day = 2.5 hours a month
10 minutes a day = 5 hours a month
15 minutes a day = 7.5 hours a month
20 minutes a day = 10 hours a month

**Total Hours _____

Date	Hours	Space (Head Start will only use for initial and final HV w/teaching staff)
		Home Visit
		Home Visit

Date	Hours	**Parent volunteer – provide description of program-related tasks performed**	**Valued by years in program**

Date	Hours	**Field Trip – required safety precaution**

Child's years in Early Head Start and Head Start (check one) _____ 1 (19.75) _____ 2 (20.25) _____ 3 (20.75) _____ 4 (21.25) _____ 5 (21.75)

Grand Total Hours _____

_____
Parent/Guardian Signature

_____
EHS/HS Staff Signature

Office use: **Total Amount $**_____ **EHS/HS Family Advocate Staff Initials** _____

In-Kind Requirements

-Match cannot be saved or "banked" for future period. If cash contribution is not expended in year received, can be used to meet match in future.

-Donations of supplies to be used as gifts, prizes, awards **are not allowable.**

Documentation required includes: **1.** Receipts
- A. Description of item
- B. Estimate of current fair market value
- C. Date received
- D. Signatures of donor and receiver

2. Time cards
3. Invoices/proof of payment

Documentation must include:
Source
Application of cash match
Services received
Donations of supplies/equipment

Volunteer time documentation must include:
- Name
- Dates of service provided
- Duration of time
- Volunteer supervisor's signature
- Volunteer signature
- Volunteer activity
- Rate applied to activity
- Total valuation for time period

EPIC Early Head Start/Head Start/Pre-K
Professional & Donated In-Kind Goods/Services

Name: _____
(first and last name)

Agency (*if applicable*): _____

Date (Date volunteer service was provided or date of donation)	**Service/Materials** (Provide description of services provided such as helped in the classroom. If donation of items, provide description of the items) * for items- attach receipt	**Purpose of Materials** (ex. – small group/counting-sorting) ***Include Site if a general supply.**	**Time/Value** (Provide the duration of time the service was provided or estimate of fair market value of items)

Hourly value of community volunteer must include fringe.

Donor or Volunteer Signature: _____

EHS/HS Staff Signature: _____

Hourly Rate of Service $ _____ x (# of hours) _____ = Total _____
(to include fringe benefits, if applicable)
Total Donation (Goods) _____ (only items the program would purchase)

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

-Sample-

EHS or HS Child	
Month/Year	
***READ TO ME EVERY DAY (** use key)**	Minutes Daily_____ Total Hours _____
*A family literacy program designed to encourage and support language and literacy skills at home. Children choose five books each week and take them home along with a journal for drawing and sharing their ideas.	

Date	Hours	At Home Learning Activities Provided by Classroom or HV staff and Completed by Caregiver & Child (**use key)	
1/27/26	1.5 hrs	School Readiness Goal Activity Description (snow day)	P-SCI4 – prediction and comparing of bowl of snow and bowl of ice cubes
1/29/26	1 hrs	School Readiness Goal Activity Description (snow day)	P-MATH3 – sort socks by color, count, put in pairs
	hrs	School Readiness Goal Activity Description	
	hrs	School Readiness Goal Activity Description	

Activities provided through CC app for snow days.

**KEY: 5 minutes a day = 2.5 hours a month
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15 minutes a day = 7.5 hours a month
20 minutes a day = 10 hours a month

**Total Hours _____

Date	Hours	Space (Head Start will only use for initial and final HV w/teaching staff)
		Home Visit
		Home Visit

Date	Hours	Parent volunteer – provide description of program-related tasks performed	Valued by years in program

Date	Hours	Field Trip – required safety precaution

Child's years in Early Head Start and Head Start (check one) _____ 1 (19.75) _____ 2 (20.25) _____ 3 (20.75) _____ 4 (21.25) _____ 5 (21.75)

Grand Total Hours _____

_____ Parent/Guardian Signature

_____ EHS/HS Staff Signature

Office use: **Total Amount $**_____ **EHS/HS Family Advocate Staff Initials** _____

EPIC Early Head Start/Head Start/Pre-K
Professional & Donated In-Kind Goods/Services

-Sample-

Name: _____
(first and last name)

Agency (*if applicable*): _____

Date (Date volunteer service was provided or date of donation)	**Service/Materials** (Provide description of services provided such as helped in the classroom. If donation of items, provide description of the items) * for items- attach receipt	**Purpose of Materials** (ex. – small group/counting-sorting) ***Include Site if a general supply.**	**Time/Value** (Provide the duration of time the service was provided or estimate of fair market value of items)
2/24/26	5- 10 count boxes of markers	replace markers in art area/BH 4	Walmart 3.97 ea 19.85
	Lysol wipes (double pack)	sanitizing surfaces	Walmart 9.47ea 9.47
	2 bxs – fruit loops	P-MATH small group – sorting, counting P-PMP stringing	Walmart 4.98 ea 9.96
	1 bag each of gala apples (2.38) and granny smith apples (4.00)	P-SCI large group – similarities/differences, predicting	Walmart 6.38 6.38

Hourly value of community volunteer must include fringe.

Donor or Volunteer Signature: _____

EHS/HS Staff Signature: _____

Hourly Rate of Service $ _____ x (# of hours) _____ = Total _____
(to include fringe benefits, if applicable)
Total Donation (Goods) _____ (only items the program would purchase)