

BRISTOL BAY NATIVE ASSOCIATION
HEAD START
INKIND TRACKING SHEET

Month _____ SY 2009/2010 Community _____ Classroom AM/PM
 Name _____ Signature _____
 PO Box _____ Birth Date: ____/____/____
 HS Parent Former HS Parent Community Volunteer

Donated Services: On the calendar below, please note how much time you have donated on each day and write a letter code for the description on donated services.

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

CODES		Staff Use		Staff Use	
A = Classroom @ \$20.00hr		Total Hours	B = Training/ Workshops/ Meetings		Total Hours
A1-Reading Books in Classroom			B1-Attend Training @ \$20.00hr		
A2-Playground Supervision			B2-Center Committee Meetings @ \$25.00hr		
A3-Aide (Teacher ,Bus, Office)			B3-Policy Council @ \$35.00hr		
A4-Participating in Lunch/Projects			B4-Governing Board @ \$45.00hr		
A5-Preparing Materials/Meals			B5-Parent Teacher Conference @ \$30.00hr		
A6-Cleaning up Areas/Washing Dishes			B6-Home Visit @ \$25.00hr		
A7-General Labor/Maintenance/Janitorial			B7-Child Care Provider @ \$5.00	# Child	HRS
A8-Cultral Related Activity			child/hr		
			D = 12 & Under @ \$5.00hr		
C = Professional Services			E = Other (price to be determined)		
C1-Training Provider @ \$50.00hr or going rate			Description:		
C2-Specialized Services @ \$50.00hr or going rate			Description:		
C3-Dental/Medical//Public Service @ \$75.00hr			Description:		
C4-SPED Personnel @ going rate + fringe			Description:		
F = Supplies @ Value			F = Supplies @ Value		
Items:	Value \$		Items:	Value \$	
Items:	Value \$		Items:	Value \$	
Items:	Value \$		Items:	Value \$	
Items:	Value \$		Items:	Value \$	
			Total Donated Value	\$	

Family Liaison _____ Child Plus
 Data Entry Staff _____ Stamp

