



IowaCollegeAid.gov
Because College Changes Everything

LCAN IN-KIND MATCH FORM

GOODS & SERVICES

Directions:

Donors who provide in-kind donations of services, goods and/or supplies or travel should complete the appropriate area(s) for their donation. When finished, please sign and date the bottom of this form.

Name:	LCAN City/County:
Company:	LCAN Name :
Address:	Month & Year:

This organization is a (circle one): One-time Donor Partner (Partner Match Worksheet - Y / N)

Date of Contribution	Detailed Description of Services Rendered	# of Hour(s)	Rate per Hour (\$)	Total

Date of Contribution	Detailed Description of Goods and Supplies Provided	# of Unit(s)	Rate per Unit (\$)	Total

Date of Contribution	Detailed Description of Travel Incurred	# of Mile(s)	Rate per Hour (\$)	Total

I certify that the information listed on this form represents an accurate estimate of the services rendered, goods and supplies provided, and/or travel incurred for the LCAN grant.

Signature: _____

Date: _____