



MICHIGAN STATE POLICE
Emergency Management and Homeland Security Division

In-Kind Contribution Form

Contributor Information:			
Name of Business or Individual:		Name of Primary Contact:	
Address:	City:	State:	Zip:
Phone Number:	eMail Address:		

Contributed Goods or Services:			
Description of Contributed Goods or Services (Including quantity if more than one)			
Date(s) Contributed:	Real or Estimated Value of Contribution:	How was the Value Determined?	
		Actual Value	Appraisal Other
If Other, Please Explain:			
Are there any restrictions on how this contribution can be used?		YES	NO
If Yes, what are the restrictions?			
Was this contribution obtained with, or supported by, Federal Funds?		YES	NO
If yes, please provide the name of the Federal agency and the grant or contract number:			

Signature of Contributor:	Date:
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Program Use Only:	
Person Receiving Goods or Services on Behalf of Program:	
Printed Name:	Position:
Signature:	Date Received:
Location of Receipt of Donation:	Date Donation Received
Date Donation was Distributed for Response:	Where Donation was Distributed: