

National Center for American Indian Enterprise Development
Confirmation of In-Kind Contributions/Gifts

Donor's Valuation of In-Kind Contribution/Gift (to be completed by donor)
Your Name _____ Company Name _____ Your Signature _____ In-Kind assistance provided to National Center Client: Company Name _____

Description	Value	Unit/Hrs	Total
<input type="checkbox"/> Meetings/Presentations _____ _____ _____			
<input type="checkbox"/> Technical Assistance Counseling _____ _____ _____			
<input type="checkbox"/> Subcontract Opportunities _____ _____ _____			
<input type="checkbox"/> Other In-Kind Support (printing, materials, etc.) _____ _____ _____			
<input type="checkbox"/> Travel Costs Miscellaneous _____ _____ _____			
Total In-Kind Amount			\$

(Items below are to be completed by NCAIED)
Received By: _____ Date: _____
Financial Review: _____ Total In-Kind \$ _____