

Commission on Economic Opportunity
for the Greater Capital Region, Inc.
 2331 Fifth Avenue
 Troy, New York 12180

Tax Exempt no. EX-104902

Non Federal Share Local Contributions

Foster Grandparent Program

This is to certify that _____ of _____ has
 (Site Supervisor name) (Organization Name)

donated to the Commission on Economic Opportunity's Foster Grandparent Program the following; and that this donation was not purchased or paid for with Federal Funds:

In-Kind for the Month of _____ Date: 2010

IN-KIND (Please follow formula)		TOTAL AMOUNT
MEALS Please enter total # of meals (Breakfast, Lunch and/ or Snack) offered this month.	/Month	\$
Postage (Mailing of Foster Grandparent Time Sheets.)	/Month	\$
Transportation	/Day	\$
Training (in-service, educational seminars etc.)	/Month	\$
Supervision (hours per day x # of days x hourly salary)	__hrs. x __days x \$__ =	\$
Other (Please specify)		\$
	GRAND TOTAL	\$

Number of Foster Grandparents at your site: _____

Date: _____

Site Supervisor Signature: _____

Witness: _____

Foster Grandparent Program Manager Signature: _____