

INSTRUCTIONS FOR COMPLETING IN-KINDS FOR THE FOSTER GRANDPARENT PROGRAM

In-kinds are an important service that you provide to the Foster Grandparent Program. Documenting on the in-kind form how you have supervised, provided on site training, or have supplied the Foster Grandparent with meals is essential in our data collection for grants or other funds.

While completing this form, please keep in mind how many Foster Grandparents you had at the site during the months requested and complete the amounts by the number of Foster Grandparents that received those services.

- **Meals-** If you provide meals for the Foster Grandparent(s) at your site, please indicate how many meals a month you provide multiplied by how much the meal costs you multiplied by how many Foster Grandparents you have at the site. *Example: 20 (# of meals) x \$2.95 (cost of meal) x 3 (# of FGs)= \$177*
- **Postage-** If you mail the Foster Grandparent(s) timesheet to our office, please indicate how many times a month you mail the timesheets.
- **Transportation-** If your site provides transportation for a Foster Grandparent, please use the amount your site reimburses for mileage or costs you to transport per person. Please note that this In-kind is by day **not** month.
- **Recognition-** If you purchase recognition supplies for the Foster Grandparents, please indicate how much multiplied by how many Foster Grandparents per month.
- **Training-** If you include the Foster Grandparents in training, in-service meetings or seminars, please indicate how much the training costs you per Foster Grandparent. *Example: 3 (#of FGs) x \$100 (cost of training per person)= \$300*
- ***Supervision-** As a site, you provide supervision of Foster Grandparent(s), this includes but is not limited to reviewing the *Volunteer Assignment Plan*, reviewing the *Evaluation* for the Foster Grandparent, and discussing a child's behavior plan or giving daily direction.
 - Please use the salary per hour that the supervising staff makes at your site while providing this service and multiply it by how many times a month this service is provided, if you have more than one Foster Grandparent, please add total together.
Example: 1 (hour per week on average) x 3 (# of FGs) x \$20 (salary/hour) x 4 (number of weeks in the month) = \$240.
***THIS PART MUST BE FILLED OUT BY ALL SITES**

If you have any problems with filling out the In-kind form please call the program director at 272-6012 ext 288

*******Please be sure that you are not signing the form in the same month of giving. For example, if you give In-kind in August, the form should be signed in September or after. We can only report on actual giving, not projected giving. *******