

CERTIFICATION OF IN-KIND CONTRIBUTIONS

Clinic or Health Center Name _____

Time Frame _____

Total In-kind Match Reported _____

This form is required for all Community-based Primary Care Clinic grantees reporting Non- cash/In-Kind Donations to meet the 1:1 Local Match requirement.

- Tables 1A and 1B should be complete for **any volunteer service** donations.
- Table 2 should be completed for any other **non-cash** in-kind donations provided.

SECTION 1A: Non-Clinical Donated Service (Volunteer Time)

Discipline	Column A: Number of Volunteer Hours	Column B: Estimated Monetary Value (per hour)	Total In-Kind Donation (Column A x Column B)
<i>Administrative/Clerical</i>			

SECTION 1B: Clinical Donated Services (Volunteer Time)

Note: Clinics must reference the table on page 2 of form (Range Wage Scale) when completing Column B.

Discipline	Column A: Number of Volunteer Hours	Column B: Estimated Monetary Value (per hour)	Total In-Kind Donation (Column A x Column B)
<i>Physician (MD, DO) – excluding Psychiatrists</i>			
<i>Nurse Practitioners (NP) Physicians Assistants (PA)</i>			
<i>Other Primary Medical Care Clinical Personnel</i>			
<i>Dentist (DDS,DDM)</i>			
<i>Other Dental/Oral Health Clinical Personnel (RDH)</i>			
<i>Psychiatrists</i>			
<i>Mental Behavioral Health Provider (Excluding Psychiatrist)</i>			
<i>Other Clinical Personnel Providing Enabling Services</i>			

Range Wage Scale: Must use range scale for calculation of hourly In-kind in Column B above.

Discipline	Acceptable Range for Monetary Value Calculation
Physician	\$52.75 - \$136.70 per hour
Advance Practice Registered Nurse	\$44.27 - \$55.99 per hour
Physician Assistant	\$44.36 - \$60.97 per hour
Pharmacist	\$44.21- \$64.99 per hour
Other Clinical Personnel (RN, PT, OT etc.)	\$26.32- \$49.17 per hour
Dentist	\$40.12- \$105.62 per hour
Dental Hygienist	\$27.45 - \$32.75 per hour
Psychiatrist	\$55.71 - \$100.00 per hour
Other Behavioral/Mental Health Providers	\$14.84 - \$26.67 per hour

THE ABOVE LISTED HOURLY WAGES ARE ACCORDING TO FOREIGN LABOR CERTIFICATION DATA CENTER BY KANSAS REGION: INFO CAN BE FOUND on the [Foreign Labor Certification Data Center Website](#)

Section II: Other Donations

1. Contributing Organization/Individual (Name, Title, Address, & Amount)	Amount (\$)
Description of Contribution (Provide detailed computation to support value)	
2. Contributing Organization/Individual (Name, Title, Address, & Amount)	Amount (\$)
Description of Contribution (Provide detailed computation to support value)	
3. Contributing Organization/Individual (Name, Title, Address & Amount)	Amount (\$)
Description of Contribution (Provide detailed computation to support value)	

Certification Statement:

As an authorized representative of the organization administering the CBPCC grant, I hereby certify that the In-Kind funds in the amount identified above are available for the exclusive use of the reported time.

Authorized Representative

Name _____ Date _____