LINN COUNTY PARTNERSHIP ON SUBSTANCE ABUSE
Working together for a Drug-Free community

TOTAL In-Kind Contribution ($):

LCPSA Coalition In-Kind Tracking Form

Please return completed forms to:
Healthy Linn Care Network fax: (319) 369-7780

Name **Signature**	**Sector (select only one)** ☐ Youth (under age 18) ☐ Media ☐ Law Enforcement ☐ Government ☐ Parents ☐ School/Education ☐ Faith/Religious ☐ Civic/Volunteer ☐ Business ☐ Youth-Serving Organization ☐ Healthcare ☐ Other
Organization (if applicable)	**For non-members:** **Phone #** **Email Address**

TIME (Figure time to the nearest .5 hour. Adults = $30.00/Hour; Students = $8.50/Hour)

Meeting – Description:	**Date**	**# Hours**	**$**	**Total $**
Other Activities – Description:	**Date**	**# Hours**	**$**	**Total $**
Supplies – Description:	**Number of Items**	**Cost per Item**	**$**	**Total $**
Mileage	**Purpose**	**# Miles**	**X 0.505**	**Total $**

Multiple Participants (Name)	Signature	Sector