



**ATTACHMENT G**  
**IN-KIND APPROVAL FORM**

Date: \_\_\_\_\_

Coalition: \_\_\_\_\_  
Grant #: \_\_\_\_\_  
Grant Period: \_\_\_\_\_

Reimbursement Period: \_\_\_\_\_

The following In-Kind Match has been reviewed and approved for inclusion in the School Readiness Invoice: (In-Kind match has been expended and is for period listed above)

Amount: _____	Description: _____
Amount: _____	Description: _____
Amount: _____	Description: _____
Amount: _____	Description: _____
Amount: _____	Description: _____
Amount: _____	Description: _____
Total: _____	

Required Signatures:

Items are still subject to all match reporting requirements and compliance testing. ELC is responsible to make supporting documentation available upon request.

ELC Representative: \_\_\_\_\_

Approved by: \_\_\_\_\_  
OEL Representative

Date: \_\_\_\_\_

Please direct questions and comments to the Office of Early Learning at 850-717-8569 or email [oel.questions@oel.myflorida.com](mailto:oel.questions@oel.myflorida.com).