

Quarterly In-Kind Tracking and Successes

This form tracks non-federal in-kind contributions of time and travel costs incurred; and also goods & services donated by the Montana Cancer Coalition members. This is a self-disclosure form on the honor system. Please complete this form if you are **not** requesting reimbursement from the Montana Comprehensive Cancer Control Program or any other organization.

Please document in-kind donations of time and travel costs that individuals or organizations incurred while working on MTCC business outside of scheduled group meetings (i.e. prep for meetings, specific projects between meetings, etc.) or time and travel costs incurred while attending MTCC meetings such as Statewide, Steering and Leadership Retreat.

Do not count the group conference calls you participated in (i.e. Prevention Team, Data Workgroup). Individual time for these calls is reported by the group managers who take attendance at those meetings.

Name: _____

Time and Travel

Affiliation/Organization/"Self" (choose one only for each individual activity or meeting)*	Professional Category	MTCC Group	Activity	Date	Working Time (in Hrs.)	Travel Time (in Hrs.)	Round Trip Miles	Total Lodging Cost

* If you list your organization, your organization is donating time on your behalf. If you list "Self", you are donating your own time.

Please complete the table below for in-kind goods or services that you or your organization donated to the MTCC to assist with implementation (i.e. educational materials, meeting supplies, media, conference call costs, copies, etc.).

Goods or Services

Date	Contributor/Source (Organization or "Self")*	Good or Service	Implementation Activity	Total Cost

In addition, please list the successes you and/or your organization has had this quarter related to the Montana Comprehensive Cancer Control Plan objectives:

Please list any items you have utilized from the MTCC website's promotional toolkit in the last quarter. Please include how the material was used, how many times they were used and when they were used:

Signature: _____

Date: _____

Please return completed form to:

Valerie Weedman at vweedman@mt.gov | Fax: 1.877.764.7575 | PO Box 202951, Helena, MT 59620-2951

