

# Regional Extension Center In-Kind Partnership Support

*Accelerating Health Information Technology in Kansas*



Thank you for your support of the Kansas Health Information Technology Regional Extension Center. Your contribution will help accelerate adoption and meaningful use of electronic health records in Kansas. Please complete this form and return to Mike Aldridge at [maldrige@kfmc.org](mailto:maldrige@kfmc.org) or fax 785-273-0737 by the end of each month in which a donation was made. If you have any questions, please contact Judi Gray at 800-432-0770 x 372. See back of this form for more detailed instructions.

**Please complete these columns for each contribution.**

Date of Contribution	Description of item or service	Value	How was value determined? A - Actual receipts attached F - Market Value (est.)	Who made the value determination? (Name and Title)	Obtained with or supported by federal funds?
		\$	A <input type="checkbox"/> F <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
		\$	A <input type="checkbox"/> F <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
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		\$	A <input type="checkbox"/> F <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>

Contact Name:	Telephone:	E-mail:
Organization:	Address:	
Printed Name of Authorized Signee:		
Signature of Authorized Signee:	Date:	

**Documentation of In-Kind Contributions Received for the Kansas HIT Regional Extension Center**

**Additional Instructions**

<b>Field</b>	<b>Instruction</b>
Date of Contribution	Indicate the date the service or item was donated
Description of Contribution	Describe the nature of the contribution. Some examples are included below: <ul style="list-style-type: none"> <li>• Education of physicians on Meaningful Use</li> <li>• E-mailed 500 invitations to a REC Webinar</li> <li>• Provided space in our newsletter for a REC article</li> <li>• Provided meeting space for a REC educational activity</li> <li>• Aired a public service announcement for the REC on radio or television</li> </ul>
Value of item or service	It is up to the donor to determine the value of the item or service donated. Fair market value is what it would cost to obtain a similar good or service. Actual costs should be supported by receipts. You should retain documentation of how you arrived at the value of your item or service.
Who made the value determination?	Name or title of person who made the value determination.
Was the contribution obtained with or supported by federal funds?	This is very important, as we will not be able to count any contributions obtained with or supported by federal funds towards the matching requirement.

Return your form via e-mail to Mike Aldridge at [maldridge@kfmc.org](mailto:maldridge@kfmc.org) or fax to 785-273-0737 by the end of each month in which a donation was made.

Kansas Foundation for Medical Care, Inc. is a non-profit 501(c)(6) organization. Contributions to KFMC may be tax deductible as trade or business expenses. Your support is important to the success of the Kansas HIT Regional Extension Center, a program funded by the Office of the National Coordinator, Department of Health and Human Services, Cooperative Agreement #90RC0003/01.

Thank you for *Accelerating* Health Information Technology in Kansas!  
 If you have any questions, please contact Judi Gray at 800-432-0770 x 372 or [jgray@kfmc.org](mailto:jgray@kfmc.org).

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