

Ramsey County Children's Mental Health Collaborative 2009 Integrated Fund Pledge Form of In-Kind Funds or Services

Please complete and email to rccmhc@rccmhc.org or fax to 651-312-9051

Organization/Agency:					
Please List All In-kind Services Contributed: You can contribute more than one type of service (i.e. 3 Diagnostic Assessments; 5 Family Therapy Sessions, etc.) Please include clarifying or descriptive information if appropriate (i.e. for African American youth only; sessions must all go to same Family; Spanish speaking only; etc.)					
Qty:	Description of Services Contributed:	Clarifying or Descriptive Information for each service:	Unit Types:	Total Units:	Total Estimated Value in Dollars:
1	EXAMPLE: Life Skills: 6 month slot (5 hrs per wk x 26 wks)	Sessions must all go to one youth	Hours	130	5 hrs per wk x 26 x \$35 = \$4,550
1	EXAMPLE: Cash				\$5,000
Contact Person for accessing these service(s):					
Contact Phone:					
Contact Fax:					
Contact Email:					
Preferred Contact Method (check one or both): <input type="checkbox"/> Phone <input type="checkbox"/> Email					

Make cash contributions payable to: Ramsey County Children's Mental Health Collaborative

Please keep a copy for your records and return a copy to:

RCCMHC: Ramsey County Children's Mental Health Collaborative
Bruce Vento Elementary School
409 Case Avenue
St. Paul, MN 55130
Email: rccmhc@rccmhc.org