

**Neighborhood Assistance Program  
 Services Contribution Data Sheet**  
 (To be completed and submitted with the CNF-C or CNF-D)

**To Be Used For Donated Business Staff Time for Professional and Contracting Services**

(Use an additional Sheet of Paper if Necessary)

NAME OF BUSINESS:	
ADDRESS:	
CONTACT PERSON:	
TELEPHONE NUMBER:	
NAME OF NAP ORGANIZATION:	

JOB TITLE	DATE (List each date separately)	HOURLY RATE (excludes fringes)	TOTAL HOURS WORKED	TOTAL VALUE (Rate x Hours)

**NOTE: Other formats providing the same information will be accepted. Sign and attach this form to the CNF or other format and return to the NAP Organization.**

**CERTIFICATION BY BUSINESS DONOR:** I certify that the value of the donated service(s) was determined by the standards stated in the instructions and does not exceed the statutory maximum. I also certify I will not receive any type of compensation or reimbursement for the donated services nor will my company receive any compensation. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Donor