Put on Providing Agencies Letterhead

# DOCUMENTATION OF MATCH

In the chart below is information regarding the cash or in-kind match being provided by this agency.

|  |  |
| --- | --- |
| Name of organization providing the leveraged resource or cash match |  |
| Type of contribution\* |  |
| Value of the contribution | $ |
| Name of project |  |
| Name of sponsor |  |
| Date the contribution will be available\*\* |  |
| Name of person authorized to commit these resources |  |
| Title of person authorized to commit these resources. |  |
| Signature of person authorized to commit these resources. |  |
| Date |  |

\* E.g., cash, childcare, case management, health care, etc.

\*\* Must correspond with the operating year(s) of your proposed grant.