**MATCH COMMITMENT OF CASH DONATION**

[ ] Original, dated \_\_\_\_

SFY: FFY: [ ] Revision, dated \_\_\_\_

Contract/Amendment # \_\_\_

|  |
| --- |
|  **Agency Name:** **Program:** |
|  **Donor Identification:**Name: Street: City: State: Zip: Phone: Authorized Representative:  |
| **Total Amount**  |  **# Payments** | **Amount/Payment** |  **Contribution Period** |
|  $ |  |  $ |  |
|  **Special Conditions:** |
|  **Donor Certification:**I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as contribution for any other State or Federally assisted program or any Federal contract and is not borne by the Federal government directly or indirectly under any federal grant or contract.X Date: **Signature of Donor or Representative** |

**MATCH COMMITMENT FOR DONATION OF BUILDING SPACE**

[ ] Original, dated \_\_\_\_

SFY: FFY: [ ] Revision, dated \_\_\_\_

Contract/Amendment # \_\_\_

|  |
| --- |
|  **Agency Name:** **Program:** |
|  **Donor Identification:**Name: Street: City: State: Zip: Phone: Authorized Representative:  |
|  **Description of Space:** [ ] Office [ ] Site [ ] Other |
|  **Provider Owned Space:**1. Number of square feet used by project sq.ft.2. Appraised rental value per square foot $ /sq.ft.3. Total value of space used by project (1x2) $  |
|  **Donor Owned Space:**1. Established monthly rental value $ 2. Number of months rent to be paid by donor mos3. Value of donated space (1x2) $  |
|  **Special Conditions:** |
|  **Donor Certification:**I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.X Date: **Signature of Donor or Representative** |

 **MATCH COMMITMENT OF SUPPLIES**

[ ] Original, dated \_\_\_\_

SFY: FFY: [ ] Revision, dated \_\_\_\_

Contract/Amendment # \_\_\_

|  |
| --- |
|  **Agency Name:** **Program:** |
|  **Donor Identification:**Name: Street: City: State: Zip: Phone: Authorized Representative:  |
| **Description of Supplies:**The below described supplies are committed for use by the project for the period of: (From) (To) |
| **Computation of Value:**  **Value to be claimed by project:** $  |
|  **Special Conditions:** |
|  **Donor Certification:**I hereby certify intent to donate these supplies for the program specified above during the program’s upcoming funding period. These supplies are not being used as match for any other State or Federally assisted program or contract.X Date: **Signature of Donor or Representative** |

 **MATCH COMMITMENT OF EQUIPMENT**

[ ] Original, dated \_\_\_\_

SFY: FFY: [ ] Revision, dated \_\_\_\_

Contract/Amendment # \_\_\_

|  |
| --- |
|  **Agency Name:** **Program:** |
|  **Donor Identification:**Name: Street: City: State: Zip: Phone: Authorized Representative:  |
| **Description of Equipment:**The below described equipment is committed for use by the project for the period of: (From) (To) **Acquisition****Description of Item Number Cost Value to Project\*****1.** **2.**  **3.**   **4.** **5.**    **Total Value Claimed:** **\***Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6-2/3 percent of the acquisition value. |
|  **Donor Certification:**This equipment is not included as a contribution for any other State or Federally Assisted program or contract and costs are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under: (cite the authorizing Federal regulation or law if applicable).X Date: **Signature of Donor or Representative** |

**MATCH COMMITMENT OF IN-KIND CONTRIBUTION OF SERVICES**

**BY STAFF OF SERVICE PROVIDER OR STAFF OF OTHER ORGANIZATIONS**

[ ] Original, dated \_\_\_\_

SFY: FFY: [ ] Revision, dated \_\_\_\_

Contract/Amendment # \_\_\_

|  |
| --- |
|  **Agency Name:** **Program:** |
|  **Donor Identification:**Name: Street: City: State: Zip: Phone: Authorized Representative:  |
| **Descriptions of Positions:** **Position Hourly Rate or # Hours Value to** **Title Service Annual Salary Worked** **Project\*****1.**  $ $ **2.**  $ $ **3.** $ $  **Total - $** **\***Value to project = (# of hours worked) x (Hourly rate) or (Annual Salary ÷ 2080 hrs) x (# of hours worked) |
|  **Donor Certification:**These services are not included as match for any other State or Federally Assisted program or contract and costs are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under: (cite the authorizing Federal regulation or law if applicable). **It is certified that the time devoted to the project will be performed during normal working hours.**X Date: **Signature of Donor or Representative** |

**MATCH COMMITMENT OF IN-KIND VOLUNTEER PERSONNEL AND TRAVEL**

[ ] Original, dated \_\_\_\_

SFY: FFY: [ ] Revision, dated \_\_\_\_

Contract/Amendment # \_\_\_

|  |
| --- |
|  **Agency Name:** **Program:** |
|  **Donor Identification:**Name: Street: City: State: Zip: Phone: Authorized Representative:  |
| The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity. **Describe Volunteer Effort:** |
|  | Position Title | EquivalentHourly Rate | # ofHours | Valueto Project |
| 1 |  | $ |  | $ |
| 2 |  | $ |  | $ |
| 3 |  | $ |  | $ |
|   **TOTAL VALUE TO AGENCY**........................... | $ |
|  **Equivalent Hourly Rates were determined by:** [ ] Rates for comparable positions within own agency. [ ] State Employment Service estimate of rates for type of work. [ ] Rates for comparable positions within other local agencies. |
| ESTIMATED MILEAGE | X | RATE PER MILE | = | VALUE |
|  |  |   |  | $ |
|  **Donor Certification:** I hereby certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel identified above.**X**  **Date:** **Signature of Agency Official****Name:**   |