

Local Match Certification

(This form must be submitted - with final contract billing.)

I, _____ certify that local funds and/or in-kind items
 PRINT NAME

_____ were provided in the amount of
 TYPE AND SOURCE OF FUNDS/ITEMS

\$ _____ and were used to match federal funds paid during the time period

Of _____ through _____ for

 TYPE OF SERVICE/CONTRACT

NAME OF ENTITY		
NAME OF AUTHORIZED AGENT		CONTRACT/VENDOR NUMBER
AUTHORIZED REPRESENTATIVE'S SIGNATURE	DATE	TITLE OR POSITION
PRINTED NAME OF AUTHORIZED REPRESENTATIVE		TELEPHONE NUMBER

Instructions

Name: Printed name of the local entity's agent authorized to complete certification form.

Type and source of funds: The type and source of local funds used. In-kind sources need specific identification showing who donated the item(s) (e.g., volunteers, building use, etc.).

Dollar amount: Dollars that were used to match federal funds paid during the time period. Dollars reported must agree with amount on the final billing.

Time frame: Period of time the services were provided.

Type of service/contract: Services eligible for FFP.

Name of entity: Name of local entity that is providing the local funding match.

Name of authorized agent: Name of local entity that is authorized to act in behalf of local entity.

Contract/vendor number: The contract or vendor number of the local entity.

Authorized representative's signature: The signature of the local entity authorized representative.

Date: Date when form was completed.

Title or position: Title or position of local entity authorized representative

Printed name: Printed name of authorized representative.

Telephone number: Telephone number of authorized representative. Include the area code.