[Use Letterhead of Organization Providing the Match]

MATCH VERIFICATION LETTER

[Application Authorized Organizational Representative] [Applicant Organization Address]

Dear [Application Authorized Organizational Representative]:

We commit to providing the following matching funds to the 2024 RFSI Grant Program application: [Project title]

1. Cash in the total amount of $XXX, which we will provide during the grant period Fall 2024 through May 24, 2027.
   1. Funds will be used for [provide particular item(s) corresponding to the budget narrative or describe how the applicant will otherwise use the funds].
   2. We will provide the following amounts per year:
      1. Year 1: $XXX
      2. Year 2:$ XXX
      3. Year 3: $XXX
2. In-kind contributions in the total amount of $XXX, will be contributed as follows:
   1. Salaries and wages of staff time for the following employees:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employee Name (add additional lines as needed)** | **Title** | **Description of Base Rate Duties ($)/hr or**  **% FTE** | | **Year 1:**  **# of Hours or $ Equivalent** | **Year 2:**  **# of Hours or $ Equivalent** | **Year 3:**  **# of Hours or $ Equivalent** |
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* 1. The following items/activities with a total fair market value of $XXX:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item/Activity**  **(add additional lines as needed)** | **Fair Market Value** | **How Fair Market Value was determined (With documentation)** | **Year 1:**  **Amount donated** | **Year 2:**  **Amount donated** | **Year 3:**  **Amount donated** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Sincerely,

[Signature of Matching Organization Representative] [Printed Name of Matching Organization Representative] [Title]

[Email, address and phone number if not already included on letterhead.]