|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Transforming Lives | | **Funds 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 PRIVATE / LOCAL FUNDS / ITEMS | | | | | |
|  |  | | | were provided in the amount of | | $ |
|  | TYPE AND SOURCE OF NON-PROFIT FUNDS / ITEMS | | | | | |
|  |  | | | were provided in the amount of | | $ |
|  | TYPE AND SOURCE OF FEDERAL FUNDS / ITEMS | | | | | |
| and were used to match funds paid during the time period of  through  for  .  TYPE OF SERVICE/CONTRACT | | | | | | |
| 5 | | | | | | |
| 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 entity’s agent authorized to complete certification form.  Type and source of funds: The type and source of funds used. Please break out different types of funding sources. Not all funding sources will be necessary to complete each certification. 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 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 matching.  Name of entity: Name of entity that is providing the funding match.  Name of authorized agent: Name of agent, if different than “name of entity” above, that is authorized to act on behalf of entity.  Contract/vendor number: The contract or vendor number of the entity.  Authorized representative’s signature: The signature of the entity authorized representative.  Date: Date when form was completed.  Title or position: Title or position of entity authorized representative  Printed name: Printed name of authorized representative.  Telephone number: Telephone number of authorized representative. Include the area code. | | | | | | |