**CERTIFICATION OF NON-FEDERAL MATCH FOR TITLE III PROGRAM**

Applicant Agency Name _____

Program Name _____

This is to certify that I (as an individual) or my agency/organization will provide the following cash and/or in-kind resources for the support of the program entitled _____ for period beginning _____ and ending _____

| SOURCE | CASH AMOUNT | IN-KIND VALUE |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **TOTAL** | | |

The above cash and in-kind items do not come from Federal funds (except as may be allowed via the use of Community Development Block Grants and/or General Revenue Sharing monies), and they are not used to match any other Federal program.

Signed: _____ Date: _____

Name: _____

Title: _____

Agency: _____