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

**(must be completed and signed by the donor NOT the applicant)**

|  |  |  |
| --- | --- | --- |
| 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: |  |  |  |  |  |