

**CERTIFICATION OF MATCHING FUNDS
ATTACHMENT C**

Total Match Required	
Total Match Proposed	

***If using Salaries as In Kind Matching Funds, they must be specific to the project and MAY NOT be state funds dollars.**

Contributing Organization/Individual (third party name, title, mailing address)	Amount Contributing
Description of Contribution (provide detailed computation to support value)	

Contributing Organization/Individual (third party name, title, mailing address)	Amount Contributing
Description of Contribution (provide detailed computation to support value)	

Contributing Organization/Individual (third party name, title, mailing address)	Amount Contributing
Description of Contribution (provide detailed computation to support value)	

Executive Director/CEO		Date	
-------------------------------	--	-------------	--

* **Supplemental documentation must be submitted with this application,** if applicable (i.e. loans/lines of credit, signed letter of Planned investment, etc.)

** Further In-Kind matching funds information can be found on page 10 of the CIG RFP