## MATCH COMMITMENT OF CASH DONATION

Agency Name:

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

Total Amount $

# Payments

Amount/Payment $

Contribution Period

Special Conditions:

Donor Certification:

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

Signature of Donor or Representative: Date:

## MATCH COMMITMENT FOR DONATION OF BUILDING SPACE

Agency Name:

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

Description of Space: [ ] Office [ ] Site [ ] Other

Provider Owned Space:

1. Number of square footage used by project: sq/ft

2. Appraised rental value per square foot: $

3. Total value of space used by project (1x2): $

Donor Owned Space:

1. Established monthly rental value: $

2. Number of months’ rent to be paid by donor: mos.

3. Value of donated space (1x2): $

Special Conditions:

Donor Certification:

I hereby certify intent to donate use of the space set forth above for the program specified above during the program's upcoming funding period. This space is not being used as match for any other State or Federal program or contract.

Signature of Donor or Representative: Date: MATCH COMMITMENT OF SUPPLIES

Agency Name:

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

The below described supplies are committed for use by the project for the period of:

Description of Supplies:

Computation of value method:

Value to be claimed by project: $

Donor Certification:

These supplies are not included as contributions for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative: Date:

## MATCH COMMITMENT OF EQUIPMENT

Agency Name:

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

The below described equipment is committed for use by the project for the period of:

Item Description Number Acquisition Value to Project\* Cost

1.

2.

3.

4.

5.

TOTAL VALUE CLAIMED: $

\* Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6-2/3 percent of the acquisition value.

Donor Certification:

This equipment is not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative: Date:

## MATCH COMMITMENT OF IN-KIND CONTRIBUTION OF SERVICES

**BY STAFF OF SERVICE PROVIDER OR STAFF OF OTHER ORGANIZATIONS**

Agency Name:

Donor Identification:

Name:

Street:

City:

State:

Zip:

Phone:

Authorized Representative:

The personal services described below are committed for use by the project for the period of:

Description of Positions:

Position Service Hourly Rate or #Hours Value

 Title Annual Salary Worked to Project

1.

2.

3.

4.

5.

TOTAL - $

\* Value to project = (# of hours provided) x (hourly rate of annual salary).

Donor Certification: It is certified that the time devoted to the project will be performed during normal working hours.

These services are not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided for under (cite the authorizing Federal regulation or law if applicable).

Signature of Donor or Representative: Date:

## MATCH COMMITMENT OF IN-KIND VOLUNTEER PERSONNEL AND TRAVEL

Agency Name:

Donor Identification: The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

Describe Volunteer Effort:

 Position Title Equivalent # of Value to

 Hourly Rate Hours Project

1. $

2. $

3. $

4. $

5. $

TOTAL VALUE TO AGENCY $

Equivalent Hourly Rates were determined by:

[ ] Rates for comparable positions within own agency.

[ ] State Employment Service estimate of rates for type of work.

[ ] Rates for comparable positions within other local agencies.

Estimated Mileage X Rate per mile = Value

 $

Donor Certification:

I certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel as identified above.

Signature of Agency Official: Date: