Verification of Third-Party IN-KIND Contribution

For purposes of carrying out the Work Plan and Budget Activities identified in the       (Center’s) FY 2014 Rural Cooperative Development Grant (RCDG) Program application, and as an Authorized Representative of the third-party organization identified below, I verify and confirm the following information:

Legal Name of Third-Party:

RCDG Grant Period:

Total Third-Party In-Kind Contribution Value: $

In the chart below for Third-Party In-Kind Contributions, describe (a) the nature of the goods and/or services to be donated to the RCDG project during the proposed grant period and how they will be used, (b) when the goods and/or services will be donated during the proposed grant period, and (c) the value of the goods and/or services.

|  |  |  |  |
| --- | --- | --- | --- |
| Description of the Goods and/or Services | How They Will Be Used On Project Activities | When They Will Be Donated (month/day/year) | Value of the Goods and/or Services |
|       |       |       | $      |
|       |       |       | $      |
|       |       |       | $      |
|       |       |       | $      |
|       |       |       | $      |
| Total Value |  |  | $      |

[ ]  Our governing body (i.e., Board of Directors or Tribal Council) has formally Resolved / Confirmed the Cash Matching contribution amount for RCDG purposes on      .

[ ]  I/We do not need a Resolution because it is not required by our governing body for us to authorize the Cash Matching contribution amount described above.

I/We understand the In-Kind Matching contribution amount described above is to be used for grant eligible Center expenditures and that I/we cannot limit how or where the Center uses these funds. In addition, I/we understand the In-Kind contribution amount described above cannot be used to provide services which directly benefit me/us.

Print Name of Authorized Representative:

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Title of Authorized Representative: