RCDG

Verification of Applicant CASH Matching Funds

For purposes of carrying out the Work Plan and Budget Activities identified in our FY 2024 Rural Cooperative Development Grant (RCDG) Program application, I verify the following information:

Legal Name of Applicant:

Beginning and End Dates for Proposed Grant Period:

Total Project Costs: $      Total Applicant Cash Match: $

As applicable, identify all source(s), amounts, and uses of Applicant Cash Matching Funds that your organization currently has available and committed to eligible RCDG project expenditures during the grant period.

|  |  |  |
| --- | --- | --- |
|  Source of Cash Funds | Cash Matching Amount | Use of Funds for Project Budget Activities |
| Checking or Savings | $      |       |
| Certificate of Deposit | $      |       |
| Money Market | $      |       |
| Mutual Funds | $      |       |
| Salaries and Expenses (Universities) | $      |       |
| Unrecovered indirect cost (Universities) | $      |       |
| Program Income from Executed Contract | $      |       |
| Other (Describe)       | $      |       |
|       | $      |       |
|  Total Cash | $      |  |

[ ]  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.

Print Name of Authorized Representative:

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

Title of Authorized Representative: