

Legal Name of Third-Party

Title of Authorized Representative: _____

RCDG

Verification of Third-Party CASH Matching Funds

For purposes of carrying out the Work Plan and Budget Activities identified in the (Center's) FY 2024 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:

Cash Matching

| | Amount | (montn/day/year) | |
|--|--------|------------------|--|
| | \$ | | |
| | \$ | | |
| | \$ | | |
| 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. | | | |
| I/We understand the Cash Matching contribution amount described above is to be used for grant eligible | | | |

Availability of Funds

Source