**AGRICULTURE INNOVATION CENTER PROGRAM**

**THIRD-PARTY VERIFICATION OF MATCHING FUNDS TEMPLATE**

**(must be printed on organization letterhead)**

Dear [Applicant Organization Representative]:

We commit to providing the following matching funds to the 2025 Agriculture Innovation Center Program application as described below.

1. Cash in the total amount of $[Amount], which we will provide during the time period of [Month Day, Year] through [Month Day, Year].
	1. Funds will be used for [description of how funds will be used].
	2. We will provide the following amounts per year:

|  |  |
| --- | --- |
| Year | Amount |
| Year 1 |  |
| Year 2 |  |
| Year 3 |  |

1. In-kind contributions in the total amount of $[Amount], which we will provide during the time period of [Month Day, Year] through [Month Day, Year].
	1. Salaries and wages of staff time for the following employees:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employee Name | Title | Description of Duties | Base Rate in $/hr or % FTE | Year 1# of Hoursor $ Amt | Year 2# of Hoursor $ Amt | Year 3# of Hoursor $ Amt |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* 1. Items with a total fair market value of $[Amount].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | FMV/unit | How FMV determined | Year 1Amount | Year 2Amount | Year 3Amount |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Sincerely,

[Signature of Matching Organization Representative]

[Printed Name of Matching Organization Representative]

[Title]