

APPENDIX D.1 Verification of Matching Funds: Applicant Cash

The use of this form is optional, but highly recommended. If you choose not to use this form, you must provide ALL of the information requested below in a similar format and include it in this Appendix. If the applicant is contributing cash-on-hand to pay for goods and/or services during the grant period that are eligible expenses for the project, the expenditure is considered a cash match. The applicant must sign this statement to verify (a) the amount of cash match, (b) the source of the cash match, and (c) use of the cash match. A copy of a bank statement with an ending date within one month of the application submission deadline and showing an ending balance equal to or greater than the amount of Cash Matching Funds proposed is also required at time of application (note: please redact any account numbers appearing on your statement).

Legal Name of Applicant: _____

Title of Applicant's RBDG Project: _____

Total Project Cost: \$ _____ RBDG Grant Request: \$ _____ Total Applicant Cash Match: \$ _____

Identify all source(s), amounts, and uses of Applicant Cash Matching Funds that your organization currently has available and committed to eligible RBDG project expenditures during the grant period proposed in the SF424 form and Section 5.4(2)a . Include a copy of an account statement from each source dated within 30 days of the application submission showing an ending balance equal to or greater than the amount of Cash Matching Funds proposed.

Applicant Source of Cash Funds	Name of Holding Institution	Cash Match Amount	Use of Funds for Project Budget Activities
Checking Account		\$	
Savings Account		\$	
Certificate of Deposit		\$	
Money Market		\$	
Mutual Funds		\$	
Other		\$	
Total Cash		\$	

Has your organization formally approved the Cash Match Amounts and Purpose at time of application?

Yes No _____ Date of Approval _____ N/A

Print Name of Applicant/Authorized Representative: _____

Title of Applicant/Authorized Representative: _____

Signature of Applicant or Authorized Representative: _____ Date: _____

APPENDIX D.2 Verification of for Matching Funds: Applicant Approved Loan or Line of Credit

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Use of this form is optional, but highly recommended. If you choose not to use this form, you must provide ALL of the information requested below in a similar format, and include it in this Appendix. Ask your lending institution to provide all of the information below, at time of application, to verify your approved Loan or Line of Credit that will be used as matching funds for your RBDG project during the grant period proposed in the SF424 form and Section 5.4(2)a.

For purposes of facilitating the Work Plan and Budget Activities identified in the associated Rural Business Development Grant (RBDG) application, and as an Authorized Representative of the lending institution identified below, I verify and confirm the following information:

Legal Name and Address of Lender Providing Loan or Line of Credit for RBDG Matching Funds:

Legal Name and Address of Intended Recipient/Borrower of Loan or Line of Credit for RBDG Matching Funds (must be the same legal name as identified on the RBDG application):

Total Amount of Loan or Line of Credit to be Used for Eligible RBDG Project Purposes: \$ _____

Brief Description of Borrower's Use of Loan/LOC Funds: *[Insert description]*

Will the Loan or Line of Credit be provided to the Borrower during the proposed grant period, or on a specific date within the proposed grant period? Yes No

Date(s) of Transfer or Availability of the Funds to Borrower (month/day/year): _____

Date of Loan/LOC Approval _____ N/A

Print Name of Authorized Representative For Lending Institution: _____

Title of Authorized Representative: _____

Signature of Authorized Representative: _____ **Date:** _____

APPENDIX D.3 Verification of Matching Funds: Applicant IN-KIND Contribution

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Use of this form is optional, but highly recommended. If you choose not to use this form, you must provide ALL of the information requested below in a similar format, and include it in this Appendix. You must describe (a) the nature of the goods or services to be donated and how they will be used, (b) the value of the goods or services with an explanation of the basis of the valuation, and (c) when the goods or services will be donated, including specific dates (month/day/year) corresponding to the grant period proposed in the SF424 form and Section 5.4(2)a , or to dates within the grant period, when the contributions will be made available to the project.

Legal Name of Applicant: _____

Title of Applicant's RBDG Project: _____

Total Project Cost: \$ _____ RBDG Grant Request: \$ _____ Applicant In-Kind Value: \$ _____

Print Name of Applicant/Authorized Representative: _____

Title of Applicant/Authorized Representative: _____

Signature of Applicant or Authorized Representative: _____ **Date:** _____

Only eligible goods or services provided during the grant period for which no expenditure is made can be considered in-kind. Verification for in-kind contributions that are over-valued will not be accepted.

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION

A. Applicant Owner or Family Member Time as In-Kind Match

If you propose to use applicant owner or family members' participation in eligible project activities as in-kind match, please provide the information below for each participant. The total value of in-kind services provided by the applicant and family members must not exceed 25 percent of total project costs. (Note: the participation of the employees of Tribes and tribal entities must be clearly documented as owner participation if it is to be used as in-kind match):

- 1) Name of Owner or Family Member who will perform the services
- 2) Relationship to the Owner of Applicant Organization
- 3) Description of services to be provided
- 4) When the services will be provided (month/day/year)
- 5) Value of services to be provided
- 6) Basis for valuation (attach supporting documentation)
- 7) Total value of all services provided by the applicant owner and all family members (Total must not exceed 25 percent of total project costs).

[Insert documentation]

Continued next page

B. OTHER Applicant In-Kind Contributions

If you propose to use other eligible goods or services contributed to the project, as Applicant In-kind Match, provide the information below for each good or service.

- 1) Name of provider of good or service
- 2) Relationship to the Owner of Applicant Organization
- 3) Description of the good or service to be provided
- 4) How the good or service will be used in the project
- 5) When the good or service will be provided
- 6) Value of the good or service
- 7) Basis for the valuation (include documentation)
- 8) Total value for all goods and services

[Insert documentation]

APPENDIX D.4 Verification of Matching Funds: Third-Party Cash

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The use of this form is optional, but highly recommended. If you choose not to use this form, you must provide ALL of the information requested below in a similar format, and include it in this Appendix. The Third-Party contributor must complete and sign where indicated to verify the (a) amount of cash to be donated, and (b) when it will be donated, indicating specific dates (month/day/year) corresponding to the grant period proposed in the SF424 form and Section 5.4(2)a, or to dates within the grant period, when matching funds will be made available to the project.

For purposes of facilitating the Work Plan and Budget Activities identified in the associated FY2017 Rural Business Development Grant (RBDG) application, and as an Authorized Representative of the third-party organization identified below, I verify and confirm the following information:

Legal Name and Address of Third-Party providing CASH Matching Funds:

Legal Name of Intended Recipient of Third-Party CASH Matching Funds:

Total Amount of Third-Party CASH Matching Funds to be Donated for Eligible RBDGProject Purposes:

\$ _____

Will the Third-Party CASH Matching Funds be provided to the Intended Recipient during the proposed grant period?

Yes No

Dates of Transfer/Availability _____ (month/day/year)

Name of Financial Institution currently holding Third-party cash matching funds to be transferred to Intended Recipient:

Does your organization understand that cash matching contributions from third-parties cannot be used to provide services which directly benefit the third-party contributor, and that contributors of cash matching funds may not limit how or where the funds are used? Yes No

Has your organization approved the Third-Party CASH transfer amount and RBDG general purpose?

Yes No Date of Approval _____ N/A

Print Name of Authorized Representative

For Third-Party Organization: _____

Title of Authorized Representative: _____

Signature of Authorized Representative: _____ **Date:** _____

APPENDIX D.5 Verification of Matching Contribution: Third-Party In-Kind

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Use of this form is optional, but highly recommended. If you choose not to use this form, you must provide ALL of the information requested below in a similar format, and include it in this Appendix. The Third-Party contributor may provide a signed letter with the following information or may complete and sign this form where indicated to describe (a) the nature of the goods and/or services to be donated, (b) the value of the goods and/or services to be donated with a description of the basis for the valuation, and (c) when the goods and/or services will be donated during the grant period proposed in the SF424 form and Section 5.4(2)a, including specific dates (month/day/year) within the grant period when the matching contributions will be made available.

For purposes of facilitating the Work Plan and Budget Activities identified in the associated FY2017 Rural Business Development Grant (RBDG) application, and as an Authorized Representative of the third-party organization identified below, I verify and confirm the following information:

Legal Name and Address of Third-Party Providing In-Kind Contribution:

Legal Name of Intended Recipient of Third-Party In-Kind Contribution:

Value of All Third-Party In-Kind Donation for Eligible Project Purposes: \$ _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION

For ***Third-Party In-Kind Contributions***, provide the following information for each good or service provided. Organizations contributing the services of affiliated volunteers must provide verification for *each individual volunteer*. Verification for in-kind contributions that are over-valued will not be accepted.

- 1) Description of the good or service
- 2) How the good or service will be used in the project
- 3) When the good or service will be provided
- 4) Value of the good or service
- 5) Basis for the valuation (include documentation)
- 6) Total value for all goods and services

[Insert documentation]

Continue to next page

Will the third-party in-kind contribution be provided to the recipient during the proposed grant period?

Yes No

Anticipated Date(s) of contribution:

Has your organization formally approved the In-Kind Match contribution value and purpose at Time of Application? Yes No Date of Approval _____ N/A

Does your organization understand that in-kind contributions from third-parties cannot be used to directly benefit the third-party contributor? Yes No

**Print Name of Authorized Representative
For Third-Party In-Kind Contributor:**

Title of Authorized Representative:

**Signature of
Authorized Representative:** _____ **Date:**
