[Use Letterhead of Organization Providing the Match]

MATCH VERIFICATION LETTER

[Application Authorized Organizational Representative]

[Applicant Organization Address]

Dear [Application Authorized Organizational Representative]:

We commit to providing the following matching funds to the [Current Year] [Grant Program] application: [Project title]

1. Cash in the total amount of $XXX, which we will provide during the grant period, [insert month and date begins], 2024 through May 24, 2027.
   1. Funds will be used for [provide particular item(s) corresponding to the budget narrative or describe how the applicant will otherwise use the funds].
   2. We will provide the following amounts per year:
      1. Year 1:
      2. Year 2:
      3. Year 3:
2. In-kind contributions in the total amount of $XXX, will be contributed as follows:
   1. Salaries and wages of staff time for the following employees:

| **Employee Name**  **(add additional lines as needed)** | **Title** | **Description of Duties** | **Base Rate ($)/hr or % FTE** | **Year 1:**  **# of Hours or $ Equivalent** | **Year 2:**  **# of Hours or $ Equivalent** | **Year 3:**  **# of Hours or $ Equivalent** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* 1. The following items/activities with a total fair market value of $XXX:

| **Item/Activity**  **(add additional lines as needed)** | **Fair Market Value per Unit:** | **How Fair Market Value Determined (must provide documentation):** | **Amount Donated Year 1:** | **Amount Donated Year 2:** | **Amount Donated Year 3:** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Sincerely,

[Signature of Matching Organization Representative]

[Printed Name of Matching Organization Representative]

[Title]

[Email, address and phone number if not already included on letterhead.]