Match Verification Form

Project Name _____

Support Organization: _____

Regional Council: _____

Contributor Information

Name of Business/Individual/Locality/Entity: _____

Name of Primary Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email:** _____

Match Information

Type of Match: ☐ **In-kind Match** ☐ **Cash Match**

Local Match: ☐ **No** ☐ **Yes**

Contributed Goods or Services

Please explain in detail how this match is being contributed on behalf of the project: _____

Date(s) Contributed: _____

Real or Estimated Value of Contribution: **$** _____

How was the value determined?: ☐ **Actual Value** ☐ **Appraisal** ☐ **Other**

Please explain: _____

Who Made this Value Determination?: _____

Is there a restriction on the use of this contribution?: ☐ **No** ☐ **Yes**

If yes, what are the restrictions?: _____

Contribution Obtained or Supported with State funds?: ☐ **No** ☐ **Yes**

_____ _____

Signature of Contributor ***Date***