

[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 2016 [LFPP/FSMIP] application: [Project title]

1. Cash in the total amount of \$XXX, which we will provide during the grant period September 30, [insert year begins] through September 29, [insert year project will terminate].
  - a. Funds will be used for [provide particular item(s) corresponding to the budget narrative or describe how the applicant will otherwise use the funds].
  - b. We will provide the following amounts per year:

Year:	Amount:
Year 1	\$
Year 2	\$
Year 3*	\$

\*Only applicable to LFPP implementation grants. LFPP planning grants are only 18 months and FSMIP projects are only 2 years.

2. In-kind contributions in the total amount of \$XXX, will be contributed as follows:
  - a. 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

\*Only applicable to LFPP implementation grants. LFPP planning grants are only 18 months.

- b. 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*:
	\$		\$	\$	\$
	\$		\$	\$	\$
	\$		\$	\$	\$
	\$		\$	\$	\$

\*Only applicable to LFPP implementation grants. LFPP planning grants are only 18 months.

Sincerely,

[Signature of Matching Organization Representative]  
 [Printed Name of Matching Organization Representative]  
 [Title]

[Type here]

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

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0240. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

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- 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- 2) fax: (202) 690-7442; or
- 3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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