[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].
   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:

|  |  |
| --- | --- |
| 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.

1. 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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

* 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\*: |
|  | $ |  | $ | $ | $ |
|  | $ |  | $ | $ | $ |
|  | $ |  | $ | $ | $ |
|  | $ |  | $ | $ | $ |

\*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]

[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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