

Verification of Applicant CASH Matching Funds

When preparing documentation for verification of matching funds, applicants must follow RD Instructions 4284.910 (c)(6) and 4284.3, along with instructions provided in sections III (B) and IV (B)(10) of the Notice of Funds Available (NOFA). The use of this form is optional, but recommended. The applicant may complete and print the form on the organization's letterhead, and sign where indicated.

For purposes of carrying out the Work Plan and Budget Activities identified in this FY2009 Value-Added Producer Grant application, and as an Owner or Authorized Representative of the organization, I verify the following:

Legal Name of Applicant: _____

Title of Applicant's VAPG Project: _____

Beginning and End Dates for Proposed Grant Period: _____

(Maximum Budget and Project Period Length is up to 36 months, with start date range 3/1/2010 – 9/30/2010, and end date not later than 2/28/2013. The dates on this form must be consistent with the VAPG application.)

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

As applicable, identify all source(s), amounts, and uses of **Applicant Cash Matching Funds** that your organization currently has available and committed to eligible VAPG project expenditures during the grant period. Include a **copy of a financial statement** 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 Organization Source of Cash Funds	Name of Holding Institution	Cash Match Amount	Indicate Use of Funds for Project Budget Activities
Checking Account		\$	
Savings Account		\$	
Certificate of Deposit		\$	
Money Market		\$	
Mutual Funds		\$	
Other			
Total Cash		\$	

____ Yes, a copy of a financial statement(s) confirming available funds and dated within 30 days of the application submission is attached.

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:** _____