

## Verification of Third-Party CASH Matching Funds

When preparing documentation for verification of matching funds, applicants must follow RD Instructions 4284.3 and 4284.510 (c)(6), along with instructions provided in sections III (B) and IV (C)(12) of the Notice of Funding Availability (NOFA). As an option, the third-party may complete and print this 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 Rural Cooperative Development Grant (RCDG) application, and as an Authorized Representative of the third-party organization identified below, I verify and confirm the following information:

Legal Name of Third-Party Providing Cash Matching Funds: \_\_\_\_\_

Legal Name of Intended Recipient of  
Third-Party Cash Matching Funds: \_\_\_\_\_

Brief Description of Intended Recipient's RCDG Project: \_\_\_\_\_

Beginning and End Dates for Proposed RCDG Grant Period: \_\_\_\_\_  
(Maximum Budget and Project Period Length is 365 days, with start date range 10/1/2009 – 1/1/2010. The grant period dates on this form must be consistent with the RCDG application.)

Amount of Third-Party Cash to be Donated for RCDG Eligible Project Purposes: \$ \_\_\_\_\_

Will the third-party cash match be provided to the Intended Recipient during the proposed grant period, or be donated on a specific date within the grant period? \_\_\_\_\_ Yes \_\_\_\_\_ No

Description of transfer of funds to Intended Recipient, with  
Anticipated Date(s) of transfer: \_\_\_\_\_

Name of Financial Institution currently holding Third-party cash matching funds to be transferred  
to Intended Recipient: \_\_\_\_\_

Has your Board of Directors formally Resolved / Confirmed the Cash Match contribution amount and purpose at  
Time of Application? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date of BOD Resolution \_\_\_\_\_ N/A

Does your organization understand that cash match contributions from third-parties are to be used for  
Center operations and cannot be used to provide services which directly benefit the third-party  
contributor, and that contributors of cash matching funds may not limit how or where the Center uses the  
funds? \_\_\_\_ Yes \_\_\_\_ No

Print Name of Authorized Representative  
For Third-Party CASH Match Contributor: \_\_\_\_\_

Title of Authorized Representative: \_\_\_\_\_

Signature of  
Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_