

**Verification of Third-Party 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 Third-Party organization may complete and print the form on their organization's letterhead, and sign where indicated.

For purposes of facilitating the Work Plan and Budget Activities identified in the associated FY2009 Value-Added Producer Grant (VAPG) application, and as an Authorized Representative of the third-party organization identified below, I verify and confirm the following information:

**Legal Name and Address of Third-Party providing CASH Matching Funds:**

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**Legal Name and Address of Intended Recipient of Third-Party CASH Matching Funds:**

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**Brief Description of Intended Recipient's VAPG Project:** \_\_\_\_\_

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**Total Amount of Third-Party CASH Matching Funds to be Donated for Eligible VAPG Project Purposes:**  
\$ \_\_\_\_\_

**Beginning and End Dates for Proposed VAPG 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.)

**Will the Third-Party CASH Matching Funds be provided/transferred to the Intended Recipient during the proposed grant period?** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Dates of Transfer/Availability  
(month/day/year)

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

**Does your organization understand that cash matching contributions from third-parties 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 funds are used?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Has your Board of Directors Approved the Third-Party CASH transfer amount and VAPG general purpose?** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Approval \_\_\_\_\_ N/A

**Print Name of Authorized Representative For Third-Party Organization:** \_\_\_\_\_

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

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