

Verification of Third-Party IN-KIND Contribution

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 In-Kind Contribution:

Legal Name and Address of Intended Recipient of Third-Party In-Kind Contribution:

Brief Description of Intended Recipient's VAPG Project: _____

Beginning and End Dates for Proposed VAPG Grant Period: _____

(Maximum Budget and Project Period Length is 12 – 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 Value of Third-Party In-Kind Donation for VAPG Eligible Project Purposes: \$ _____

Verification for in-kind contributions that are over-valued will not be accepted. The *valuation process* for in-kind contributions does *not* need to be included in the application. However, the Intended Recipient must be able to demonstrate how the valuation was derived *at the time of notification of tentative selection for the grant award*. See RD Instruction 4284-A/Exhibit A for Guidelines for Verifying In-Kind Contributions.

In the chart below for **Third-Party In-Kind Contributions**, describe the (a) *nature* of the goods and/or services to be donated to the VAPG project during the grant period, (b) *when* the goods and/or services will be donated during the proposed grant period, and (c) the *value* of the goods and/or services. Please see NOFA Instructions in section IV(B)(10) for examples of in-kind contributions that are not eligible. Organizations contributing the services of affiliated volunteers must follow the third-party verification requirements herein, for *each individual volunteer*.

Description of the Goods and/or Services	When They Will Be Donated (month/day/year)	Value of the Goods and/or Services
		\$
		\$
		\$
Total Value		\$

Will the third-party in-kind contribution 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 in-kind contribution to Intended Recipient, with Anticipated Date(s) of transfer: _____

Has your organization formally approved the In-Kind Match contribution value and purpose at Time of Application? _____Yes _____No _____Date of Approval _____N/A

Does your organization understand that in-kind contributions from third-parties cannot be used to directly benefit the third-party contributor? _____Yes _____No

Print Name of Authorized Representative For Third-Party In-Kind Contributor: _____

Title of Authorized Representative: _____

Signature of Authorized Representative: _____ **Date:** _____