

Verification of Applicant 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 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 Produce Grant (VAPG) application, I verify the following information:

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:** \$_____ **Applicant In-Kind Value:** \$_____

Only eligible goods or services provided during the grant period for which no expenditure is made can be considered in-kind. 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 applicant 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 ***Applicant In-Kind Contributions***, describe the (a) ***nature*** of the goods and/or services to be donated to the VAPG project during the grant period and ***how*** they will be used, (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.

Description of the Goods and/or Services	How They Will Be Used On Project Budget Activities	When They Will Be Donated (month/day/year)	Value of the Goods and/or Services
			\$
			\$
			\$
			\$
			\$
			\$
Total Value			\$

Has your organization formally approved the In-Kind Contributions and VAPG 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:** _____