



HC - Year 5 - Evidence of Match Obligation Form

As a condition of the JFNA Cooperative Agreement, each subgrantee is responsible for providing written evidence of meeting the matching obligation. Please refer to the Cooperative Agreement for the dollar amount required. Both cash and in-kind contributions should be reflected on this form. Information about matching obligations are subject to an audit, so please maintain all financial records confirming the receipt of matching funds.

Per the Cooperative Agreement, please submit this form by August 31, 2020.

Kavod/SHEF funds can now be counted towards meeting JFNA's minimum matching requirements.

Agency Information

Full Agency Name *

JFNA Grant Award Number *

(Ex: E-45 or CS-9)

Agency City & State *

City

 

State

Contact Name *

First Name

Last Name

Phone Number *

-
Area Code Phone Number

Email address *

example@example.com

Total JFNA Grant Award for Program Year March 1, 2020-February 28, 2021 *

Minimum Matching Obligation for Program Year March 1, 2020-February 28, 2021 *

Overmatch for Program Year March 1, 2020-February 28, 2021

Optional

Total Program Budget for Program Year March 1, 2020-February 28, 2021 *

Should equal grant + minimum match + overmatch

In-Kind Contributions

Please provide an estimate of the fair market value of any goods or services donated in-kind in connection with this project. Add rows if necessary. Include all in-kind contributions for this program year, which began March 1, 2020 and ends February 28, 2021, even if they have not been donated yet. For example, if office space is donated through the end of the project year, include the total value of that space for the entire period.

For valuation purposes, the fair market value of a tangible asset, such as supplies, can be determined by using the price you would pay on an open market for the goods. For example, if a carton of printer paper is donated, that donation would be valued based on the price for a similar carton of paper from an office supply store to record the value of the contribution and related asset/expense. The fair value of services received could be

Date Received

 

Date

Dollar Amount

Indicate the source of the contribution

Name of Funding Entity (Individuals do not need to be listed.)

Date Received

 

Date

Dollar Amount

Indicate the source of the contribution

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obtained by determining the normal hourly rate for the service. For example, if staff contributes eight hours of time and the normal hourly rate is \$150, then the value of the contribution would be \$1,200.

	In-Kind Contribution(s)	Value of In-Kind Contribution(s)	Rationale for Value
1			
2			
3			
4			

Do you require additional lines?

Yes

Subtotal of In-Kind Contribution Value *

Indicate the source of the contribution

Financial Contributions

List all financial contributions including, but not limited to, agency support, state or local government grants, and individual contributions. If necessary, add lines to ensure that each entity is on a separate row. To be considered new resources, matching funds must have been received after October 31, 2019. Pledged funding should NOT be included on this document.

Name of Funding Entity (Individuals do not need to be listed.)

Subtotal of Financial Contribution Value

Total Value of Match (both in-kind and financial) *

Signature of Chief Executive Officer or Chief Financial Officer *

[Clear](#)

Printed Name of Chief Executive Officer or Chief Financial Officer *

[Clear](#)

Official Title *

Date *



Date

Save

Submit