[Use Letterhead of Organization Providing the Cost Share]

LETTER OF VERIFICATION FOR COST SHARE

[Name of Applicant’s Authorized Organization Representative (AOR) or Project Director (PD)]

[Applicant Organization]

[Applicant Organization Address]

Date: [Enter date]

Dear [Applicant’s AOR or PD]:

We commit to providing the following cost share to the [Current Year] [Grant Program] application: [Project title]

1. Cash in the total amount of $XXX, which we will provide during the grant period September 30, [insert year begins] through September 29, [insert year project will terminate].
	1. Funds will be used for [provide particular allowable item(s) corresponding to the budget narrative or describe how the applicant will otherwise use the funds].
	2. We will provide the following amounts per year:

| Year: | Amount: |
| --- | --- |
| Year 1 | $ |
| Year 2 | $ |
| Year 3\*  | $ |

\* Applicable depending on the project type.

* 1. Applicant providing cost share in the form of cash need to include documentation (bank statement, signed letter from bank confirming a line of credit, etc.) of the availability of the cash at time of application submission.
1. In-kind contributions in the total amount of $XXX, will be contributed as follows:
	1. Salaries and wages of staff time for the following employees:

| Employee Name(add additional lines as needed) | Title | Description of Duties | Base Rate ($)/hr or % FTE | Year 1:# of Hours or $ equivalent | Year 2:# of Hours or $ equivalent | Year 3\*:# of Hours or $ equivalent |
| --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\*Applicable depending on the project type.

* 1. The following items/activities with a total fair market value of $XXX:

| Item/Activity(add additional lines as needed) | Fair Market Value per Unit: | How Fair Market Value Determined (must provide documentation): | Amount Contributed Year 1: | Amount Contributed Year 2: | Amount Contributed Year 3\*: |
| --- | --- | --- | --- | --- | --- |
|  | $ |  | $ | $ | $ |
|  | $ |  | $ | $ | $ |
|  | $ |  | $ | $ | $ |
|  | $ |  | $ | $ | $ |

\* Applicable depending on the project type.

Sincerely,

[Signature of representative of the organization providing the cost share]

[Printed Name of the representative of the organization providing the cost chare]

[Title]

[Email, address and phone number if not already included on letterhead.]