[Use Letterhead of Organization Providing the Cost Share]

LETTER OF VERIFICATION FOR COST SHARE

[Application Authorized Organizational Representative]

[Applicant Organization Address]

Dear [Application Authorized Organizational Representative]:

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 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 program.

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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\*Applicable depending on the program.

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

\* Applicable depending on the program.

Sincerely,

[Signature of Cost Share Organization Representative]

[Printed Name of Cost Share Organization Representative]

[Title]

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