



## SECURED MATCH FUNDING FORM

## Document the match funding as required in your grant

This form, with signatures, shall be completed and maintained by the PI on a monthly basis. These documents are considered records and should be maintained in accordance with records retention rules.

 Project Name
 Project #\_\_\_\_\_

MATCHING FUNDS

If you have questions about whether your proposed match is eligible or not, please contact the Director of Grants Management or refer to the Grants Manual.

Month\_\_\_\_\_

Year\_\_\_\_

Match Funding Source	Type (check one)	Dollar Value	Authorized Representative's Signature	Date
	□ cash			
	🖵 in kind			
	□ cash			
	🖵 in kind			
	□ cash			
	🗅 in kind			
	🖵 cash			
	🗅 in kind			
	🖵 cash			
	🖵 in kind			
Total Match Funding				

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