

## Match Commitment of Cash Donation

**Agency Name:** \_\_\_\_\_

### Donor Identification:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Total Amount \_\_\_\_\_

# of Payments \_\_\_\_\_

Amount/Payment \_\_\_\_\_

Contribution Period \_\_\_\_\_

\*Period in which the contribution will be received.

**Title III-B:** \_\_\_\_\_ **CCE:** \_\_\_\_\_

**Title III C-1:** \_\_\_\_\_ **ADI:** \_\_\_\_\_

**Title III C-2:** \_\_\_\_\_ **Title III E:** \_\_\_\_\_

AAANF may make direct contact with the donor if necessary to verify commitment/donation.

### Donor Certification:

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

\_\_\_\_\_  
\*Must be signed by actual donor

\_\_\_\_\_  
Date

## Match Commitment of In-kind Contribution

*By Staff or Other Organizations*

**Agency Name:** \_\_\_\_\_

### Donor Identification:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

The below described personnel services are committed for use by the project for the period of: \_\_\_\_\_

Position Title	Hourly Rate/Annual Salary	# Hours Worked	Value to Project*
1.			
2.			
3.			
4.			
5.			

**Total Value Claimed:** \$ \_\_\_\_\_

\* Value to project = (# of hours provided) X (hourly rate of annual salary)

AAANF may make direct contact with the donor if necessary to verify commitment/donation.

**Donor Certification:** It is certified that the time devoted to the project will be performed during normal working hours.

These services are not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided not under \_\_\_\_\_ (cite the authorizing Federal regulation or law if applicable)

\_\_\_\_\_  
\*Must be signed by actual donor

\_\_\_\_\_  
Date

## Match Commitment for In-kind Donation of Building Space

Agency Name: \_\_\_\_\_

### Donor Identification:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

### Description of Space:

☐

Office

☐

Site

☐

Other

### Provider Owned Space:

1. Number of square footage used by project: \_\_\_\_\_ sq/ft
2. Appraised rental value per square foot: \_\_\_\_\_
3. Total value of space used by project (1X2): \_\_\_\_\_

### Donor Owned Space:

1. Number of square footage used by project: \_\_\_\_\_ sq/ft
2. Appraised rental value per square foot: \_\_\_\_\_
3. Total value of space used by project (1X2): \_\_\_\_\_

AAANF may make direct contact with the donor if necessary to verify commitment/donation.

### Donor Certification:

I hereby certify intent to donate use of the space set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

\_\_\_\_\_  
\*Must be signed by actual donor

\_\_\_\_\_  
Date

## Match Commitment of In-kind Equipment

Agency Name: \_\_\_\_\_

### Donor Identification:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

The below described equipment is committed for use by the project for the period of: \_\_\_\_\_

Item Description	Number	Acquisition Cost	Value to Project*
1.			
2.			
3.			
4.			
5.			

Total Value Claimed: \$ \_\_\_\_\_

\* Items that are currently owned by the Grantee or are loaned or donated to the project are valued at an annual rate of 6 2/3 percent of the acquisition value.

AAANF may make direct contact with the donor if necessary to verify commitment/donation.

### Donor Certification:

This equipment is not included as match for any other State or Federally assisted program or contract and are not borne by the Federal Government directly or indirectly under any Federal grant or contract except as provided not under \_\_\_\_\_ (cite the authorizing Federal regulation or law if applicable.)

\_\_\_\_\_  
\*Must be signed by actual donor

\_\_\_\_\_  
Date

## Match Commitment of In-kind Volunteer Personnel

**Agency Name:** \_\_\_\_\_

**Donor Identification:** The volunteer staff positions identified below will be filled by local volunteers who will be recruited, trained, and supervised as an ongoing activity of our agency. We will maintain volunteer records to document individual volunteer activity.

**Describe Volunteer Effort:**

Position Title	Hourly Rate/Annual Salary	# Hours Worked	Value to Project*
1.			
2.			
3.			
4.			
5.			

**Total Value Claimed:** \$ \_\_\_\_\_

\* Value to project = (# of hours provided) X (hourly rate of annual salary)

**Equivalent Hourly Rates were determined by:**

- ☐ Rates for comparable positions within own agency.
- ☐ State Employment Service estimate of rates for type of work.
- ☐ Rates for comparable positions within other local agencies.

AAANF may make direct contact with the donor if necessary to verify commitment/donation.

**Donor Certification:**

I certify that commitments have been received from individual volunteers or groups sufficient to provide the volunteer hours and travel as identified above.

\_\_\_\_\_  
\*Must be signed by actual donor

\_\_\_\_\_  
Date

## Non-Matching Budgeted Other Cash Resources

Agency Name: \_\_\_\_\_

### Donor Identification:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Total Amount \_\_\_\_\_

# of Payments \_\_\_\_\_

Amount/Payment \_\_\_\_\_

Contribution Period \_\_\_\_\_

\*Period in which the contribution will be received.

Title III-B: \_\_\_\_\_

CCE: \_\_\_\_\_

Title III C-1: \_\_\_\_\_

ADI: \_\_\_\_\_

Title III C-2: \_\_\_\_\_

Title III E: \_\_\_\_\_

AAANF may make direct contact with the donor if necessary to verify commitment/donation.

### Donor Certification:

I hereby certify intent to make the cash donation set forth above for use in the specified program during the program's upcoming funding period. This cash is not included as match for any other State or Federally assisted program or contract and is not borne by the federal government directly under any federal grant or contract.

\_\_\_\_\_  
\*Must be signed by actual donor

\_\_\_\_\_  
Date