**MATCH CERTIFICATION FORM**

Requests for reimbursement must be supported by the required match. ***Grantee should retain all invoices and receipts to document match expenditures so they are available for State Audit.***  Grantees will complete and attach this certification with each Payment Request to certify the matching requirement has been met. Please do not submit separately from request for reimbursement of grant funds.

**Date Range of Expenditures for Match \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NAME OF GRANTEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRANT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MATCH EXPENDITURE ­– List amounts and sources of match associated with the current Payment Request:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Task | Source (do not abbreviate) | Amount | Cash or In Kind |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total for this Payment Request |  |  |

* **Do NOT submit back-up documentation for the match with Payment Requests.**
* **Retain all invoices and receipts to document match expenditures so they are available for State Audit.**
* **Create and keep records or logs for in-kind donations so that they are available for State Audit.**
* **Match must be expended within the Project Performance Period with the exception of costs for architectural plans, drawings, or other documents developed solely for this capital asset project that were incurred no earlier than one year before application deadline.**

**CERTIFICATION:**

I hereby certify that matching funds in the amount listed above were expended prior to or during this payment period to complete the Museum Grant Program project, and that they comply with the provisions of the Grant Agreement.

I represent and warrant that I have full authority to execute this Certification on behalf of the Grantee. I declare under penalty of perjury that the foregoing project certification of Museum Grant Program Match Requirement for the above-mentioned Grant is true and correct.

Signature of Grantee Fiscal Representative Title Date

Print Name and Title