

a. 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.

b. The following items/activities with a total fair market value of \$_____:

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,

Print Name for the Authorized Representative for the Organization Providing Matching Funds

Signature for the Authorized Representative for the Organization Providing Matching Funds

Date

Address of Organization Providing Matching Funds