

### 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
	<input type="checkbox"/> cash			
	<input type="checkbox"/> in kind			
	<input type="checkbox"/> cash			
	<input type="checkbox"/> in kind			
	<input type="checkbox"/> cash			
	<input type="checkbox"/> in kind			
	<input type="checkbox"/> cash			
	<input type="checkbox"/> in kind			
	<input type="checkbox"/> cash			
	<input type="checkbox"/> in kind			
<b>Total Match Funding</b>				