RCDG

Verification of Applicant IN-KIND Contribution

For purposes of carrying out the Work Plan and Budget Activities identified in our FY 2024 Rural Cooperative Development Grant (RCDG) Program application, I verify the following information:

Legal Name of Applicant:

Beginning and End Dates for Proposed Grant Period:

Total Project Costs: $      Total Applicant In-Kind Value: $

In the chart below for Applicant In-Kind Contributions, describe (a) the nature of the goods and/or services to be donated to the RCDG project during the proposed grant period and how they will be used, (b) when the goods and/or services will be donated during the proposed grant period, and (c) the value of the goods and/or services.

|  |  |  |  |
| --- | --- | --- | --- |
| Description of the Goods and/or Services | How They Will Be Used On Project Activities | When They Will Be Donated (month/day/year) | Value of the Goods and/or Services |
|       |       |       | $      |
|       |       |       | $      |
|       |       |       | $      |
|       |       |       | $      |
|       |       |       | $      |
| Total Value |  |  | $      |

[ ]  Our governing body (i.e., Board of Directors or Tribal Council) has formally Resolved / Confirmed the Cash Matching contribution amount for RCDG purposes on      .

[ ]  I/We do not need a Resolution because it is not required by our governing body for us to authorize the Cash Matching contribution amount described above.

Print Name of Authorized Representative:

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Title of Authorized Representative: