

## DIVISION OF ADULT EDUCATION LOCAL MATCH VERIFICATION LETTER

# Department of Education

**Bureau of Postsecondary and Adult Education**

**(Cash and In-Kind Match)**

**Complete this form for each contribution.**

**AGENCY NAME:** \_\_\_\_\_

## TYPE OF MATCH

## Cash

(costs in support of the adult basic education program that are paid by the grantee and subgrantees, where applicable, with local funds.)

### 3rd Party In-Kind

(non-cash contributions; i.e. property or services, including volunteer time that benefits the program)

### MATCH AMOUNT

I certify that \$ \_\_\_\_\_ has been designated by:

(NAME OF CASH OR IN-KIND MATCH SHARE CONTRIBUTOR)

to be used solely for the purpose of the above-referenced program

for the period of \_\_\_\_\_ to \_\_\_\_\_,  
(DATE) (DATE)

and in accordance with the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and Division of Adult Education definitions and guidelines regarding match.

Description of contribution and how it will be used:

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**CONTRIBUTOR COMPLETING THE FORM:**

(SIGNATURE OF THE CONTRIBUTOR'S AUTHORIZED OFFICIAL - ELECTRONIC SIGNATURES ARE ACCEPTABLE)

(PRINT OR TYPE NAME AND TITLE)