



## In-Kind Match Certification\*

Project Name: \_\_\_\_\_

Dates of Match: _____ Value: _____
Description: _____
_____
_____
_____

**I CERTIFY THAT NONE OF THESE EXPENDITURES WERE FUNDED FROM FEDERAL SOURCES.**

### In-Kind Donor

Signature

\_\_\_\_\_

Typed Name

\_\_\_\_\_

Date

\_\_\_\_\_

### Principal Investigator

Signature

\_\_\_\_\_

Typed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Form IK-3 Internal In-Kind Matching Summary Form must accompany this form.

*\*The Principal Investigator must send a copy of forms IK-1 and IK-3 to the project bookkeeper and Grant Accounting on a monthly basis.*