

Attachment 8

PENNSYLVANIA CHILDREN'S TRUST FUND
Department of Human Services
Office of Child Development and Early Learning

Attachment to 8 Rider 3
LOCAL MATCH VERIFICATION LETTER
(Cash and In-Kind Match)

Complete one original form for each type of match (cash and in-kind) for each contributor. Duplicate this form as needed.

APPLICANT NAME: _____

TYPE OF MATCH

Cash In-Kind

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 grant

for the period of _____ to _____ ,
(DATE) (DATE)

and in accordance with the Department of Human Services' definitions and guidelines regarding match.

Description of how match funds will be used:

CONTRIBUTOR COMPLETING THE FORM:

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

(PRINT OR TYPE NAME AND TITLE)