Attachment 8

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

## Attachment to 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)