

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 , (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)