[Use Letterhead of Organization Providing the Match]

MATCH CONTRIBUTION LETTER

[Application Authorized Organizational Representative]

[Applicant Organization Address]

Dear [Application Authorized Organizational Representative]:

We commit to providing the following matching funds to the [Year] [Funding Opportunity Name] application to the Foundation for Food and Agriculture Research. Committed matching funds are for [Project title], under the technical direction of [PI Full Name].

1. Cash in the total amount of $XXX, which we will provide during the grant period [Month Day, Year] through [Month Day, Year].
	1. Funds will be used for [provide particular item(s) corresponding to the budget narrative or describe how the applicant will otherwise use the funds].
	2. We will provide the following amounts per year:

|  |  |
| --- | --- |
| Year:  | Amount:  |
| Year 1 | $ |
| Year 2 | $ |
| Year 3  | $ |
| Year 4 | $ |
| Year 5 | $ |

1. In-kind contributions in the total amount of $XXX, will be contributed as follows:
	1. Salaries and wages of staff time for the following employees:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name(add additional lines as needed) | Title | Description of Duties | Base Rate ($)/hr or % FTE | Year 1: # of Hours or $ equivalent | Year 2: # of Hours or $ equivalent | Year 3: # of Hours or $ equivalent | Year 4: # of Hours or $ equivalent | Year 5: # of Hours or $ equivalent |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

* 1. The following items/activities with a total fair market value of $XXX:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Item/Activity(add additional lines as needed) | Fair Market Value per Unit:  | How Fair Market Value Determined (must provide documentation):  | Amount Donated Year 1:  | Amount Donated Year 2:  | Amount Donated Year 3:  | Amount Donated Year 4: | Amount Donated Year 5: |
|  | $ |  | $ | $ | $ | $ | $ |
|  | $ |  | $ | $ | $ | $ | $ |
|  | $ |  | $ | $ | $ | $ | $ |
|  | $ |  | $ | $ | $ | $ | $ |

Sincerely,

[Signature of Matching Organization Representative]

[Printed Name of Matching Organization Representative]

[Title]

[Email, address and phone number if not already included on letterhead.]