

Matching Funds Certification Form (Attachment B)

Grantees complete this form to indicate who is providing matching funds, if the opportunity requires matching funds. This document is included as part of the grant agreement.

Applicant Information	
Project Title	
Effective Date	
End Date	
PI Full Name	

You, the applicant agrees to identify and certify matching funds annually prior to disbursement of award funds. At least fifty percent (50%) of the required matching funds must be a cash match, while the remainder can be in-kind match. The match share is intended to supplement, not supplant existing funding for the principal investigator (PI). The applicant will abide by Foundation for Food & Agriculture Research's (FFAR) Matching Guidelines to meet FFAR's matching requirements. To constitute a valid match, all matching funds on a FFAR grant must be expended during the grant period.

The PI must submit all required match share reporting documentation thirty days before award funds are disbursed for next year's funding, and ninety days after the end date for last year's funding. All supporting documentation must be done through our [Grants Management System](#). The reporting will include uploading documentation demonstrating obligation and use of matching funds equal to use of FFAR award funds for a reporting period. Failure to complete reporting requirements on time may result in withholding, and potentially withdrawal, of future FFAR award payments, or exclusion from consideration of future research proposals.



Certification

I acknowledge that I have read FFAR's matching guidelines, and I accept FFAR's matching requirements for **[insert award mechanism here]**. By award payment date, I will have secured non-Federal matching funds in the amount of **[insert amount in U.S. dollars here]**, to match FFAR's award amount **[insert FFAR's award amount in U.S. dollars here]** for the budget period of **[insert start date here]** to **[insert end date here]** and spend them in tandem with FFAR's funds as set forth in the award Agreement.

Matching Funder Organization Name:_____

Authorized Organization Representative (AOR):_____

AOR Signature:_____

Date:_____