

Annual Matching Re-certification

| Grant Information | |
|-------------------------|--|
| Grantee | |
| Project Title | |
| Funding Year Start Date | |
| Funding Year End Date | |
| PI Full Name | |

The Grantee agrees to identify and certify matching funds annually prior to disbursement of yearly award funds. Unless otherwise specified by FFAR, at least fifty percent (50%) of the required matching funds must be 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 Grantee will abide by [FFAR's 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 Grantee must complete and submit this Annual Matching Re-certification form through SM Apply as part of each Annual Progress Report (APR). Disbursement of the next tranche of the award payments is contingent on the receipt and approval of a complete APR. 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.

Please complete the following table for the next applicable funding year. The information on this table should match the annual details provided on the Matching Details tab of the budget approved by FFAR. If needed, please add rows to include additional matching partners.

| Matching Annual Re-certification | | | |
|----------------------------------|---|------------------|---------------------|
| Name of Matching Partner | Total Annual Match Recertification Amount | Total Cash Match | Total In-Kind Match |
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| TOTAL | | | |

CERTIFICATION

By signing below, You acknowledge receipt of FFAR’s matching guidelines, and further acknowledge You have read, understand, and accept FFAR’s matching requirements for Your award. You also certify that the table above is accurate, and the annual matching totals were approved by FFAR. In addition, you acknowledge that it is the Grantee’s sole responsibility to ensure all match is certified and obtained for the next funding period.

Grantee Name: _____

Authorized Organization Representative (AOR): _____

AOR Signature: _____

Date: _____