

## 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



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: \_\_\_\_\_