

**AGRICULTURE INNOVATION CENTER PROGRAM
VERIFICATION OF MATCHING FUNDS**

For the purposes of carrying out the Work Plan identified in our application for the Agriculture Innovation Center Program, I verify the following information:

Legal Name of Applicant: _____

Proposed Start Date: _____ Proposed End Date: _____

Total Project Cost: \$_____ Matching Funds: \$_____

As applicable, identify all sources, amounts, and uses of matching funds that your organization currently has available and committed to AIC project expenditures during the period of performance. If funds are being provided by a third party, attach a letter signed by the authorized representative of the organization that identifies the amount, use of funds, and time period of availability.

Source of Funds	Amount	Use of Funds

☐ Our Board of Directors has formally resolved/confirmed the matching funds amount to be contributed by this organization on [DATE].

☐ I/We do not need a resolution because it is not required by our governing body.

Name of Authorized Representative

Signature of Authorized Representative

Date