

# Matching Funds Statement

## Project Information

Project Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Department/Organization: \_\_\_\_\_

Sponsor/Funding Agency: \_\_\_\_\_

Proposal/Project Number: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project End Date: \_\_\_\_\_

## Matching Funds Commitment

Source of Funds	Amount	Type (Cash/In-kind)	Notes
Departmental Contribution	_____	_____	_____
Institutional Funds	_____	_____	_____
Third-Party Contribution	_____	_____	_____
<b>Total Matching Funds</b>	_____		

## Certification

I/we hereby certify that the matching funds identified above have been reviewed and are available as detailed. Funds will be used only for the purposes and period described in the project proposal, and documentation will be maintained for audit purposes.

Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Important Notes

- Ensure all matching funds are documented and committed at the time of proposal submission.
- Include both cash and in-kind contributions where appropriate, with fair value estimates for in-kind support.
- Maintain supporting documentation for all matching funds for audit and compliance purposes.
- This form must be signed by authorized personnel prior to submission.
- Refer to sponsor guidelines for specific matching requirements and eligibility of funds.

