

DEPARTMENT OF ENVIRONMENTAL PROTECTION

MATCH CERTIFICATION FORM

PROJECT NUMBER:

PROJECT NAME:

Contractor:

Contact:

Telephone #:

Address:

BUDGET PERIOD:

The following must be completed and attached to your periodic bill in order to certify your organization's required match portion of federal funds you receive - the expenses listed below must be in addition to the federal funds received. The minimum non-federal 40% match must not be used otherwise to match any other federal dollars (i.e. no double matches). Payment may be withheld if this form is missing or incomplete.

Total Federal Funding:

Agency Match Required:

PERSONNEL

Position	Estimated Hours	X Hourly Rate	+ Fringe Benefits	= Contractor Cost

OTHER EXPENSES (e.g. - equipment, supplies, construction, travel, etc. - attach additional sheets as necessary):

SUBTOTAL: \$

TOTAL MATCH TO DATE: \$

CERTIFICATION: I certify the costs detailed above were expended in the course of completing the work described in a Contract with the Department of Environmental Protection, and that detailed documentation of the above is on file and available for review at:

Authorized Signatory for Contractor:

Date:

Received Department of Environmental Protection:

Date: