

Oregon Department of Agriculture

Resilient Food Systems Infrastructure Grant

Matching Funds Verification Letter

| | |
|--|--|
| Organization name providing Match: | |
| Organization Address providing Match: | |
| Organization Name Applying for Grant: | |
| Organization Address Applying for Grant: | |

Dear Oregon Department of Agriculture,

We the _____ is committed to providing the following
 [Organization Providing Matching Funds]
 matching funds to the Resilient Food Systems Infrastructure Program Infrastructure Grant project
 application by _____.
 [Organization Applying for Grant]

1. Cash in the total amount of \$ _____ which we will provide during the grant
 period August 1, 2024, through January 1, 2027.

a. Funds will be used for: (Please be descriptive as possible)

b. We will provide the following amounts per year:

| Year: | Amount: |
|---------|---------|
| Year 1 | \$ |
| Year 2 | \$ |
| Year 3* | \$ |

* Applicable depending on the program.

2. In-kind contributions in the total amount of \$ _____, will be contributed as
 follows:

a. Salaries and wages of staff time for the following employees:

| Employee Name (add additional lines as needed) | Title | Description of Duties | Base Rate (\$)/hr or % FTE | Year 1: # of Hours or \$ equivalent | Year 2: # of Hours or \$ equivalent | Year 3*: # of Hours or \$ equivalent |
|---|-------|-----------------------|----------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| | | | | | | |
| | | | | | | |
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| | | | | | | |

*Applicable depending on the program.

b. The following items/activities with a total fair market value of \$_____:

| Item/Activity (add additional lines as needed) | Fair Market Value per Unit: | How Fair Market Value Determined (must provide documentation): | Amount Donated Year 1: | Amount Donated Year 2: | Amount Donated Year 3*: |
|---|-----------------------------|--|------------------------|------------------------|-------------------------|
| | \$ | | \$ | \$ | \$ |
| | \$ | | \$ | \$ | \$ |
| | \$ | | \$ | \$ | \$ |
| | \$ | | \$ | \$ | \$ |
| | \$ | | \$ | \$ | \$ |

* Applicable depending on the program.

Sincerely,

Print Name for the Authorized Representative for the Organization Providing Matching Funds

Signature for the Authorized Representative for the Organization Providing Matching Funds

Date

Address of Organization Providing Matching Funds