



In-Kind Match Certification*

Project Name: _____

Dates of Match: _____	Value: _____
Description: _____	

I CERTIFY THAT NONE OF THESE EXPENDITURES WERE FUNDED FROM FEDERAL SOURCES.

In-Kind Donor

Signature

Typed Name

Date

Principal Investigator

Signature

Typed Name

Date

Form IK-3 Internal In-Kind Matching Summary Form must accompany this form.

**The Principal Investigator must send a copy of forms IK-1 and IK-3 to the project bookkeeper and Grant Accounting on a monthly basis.*