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**ARI IN-KIND MATCH VERIFICATION**

**In-kind match is generally defined as a contribution, other than cash, donated or pledged, that originates from the gifting of the value of time, goods, services, equipment or other expendable property. The value of the in-kind match must be determined by the donor, or authorized representative or a qualified third party and must be assessed at a “real” fair market value. In-kind match cannot be property of Fresno State, or have been used on a prior ARI project.**

ARI Project Director:

ARI Project Name: ARI Project Number:

Donor/Agency Name:

Mailing Address: Phone Number:

Email Address: Fax Number:

**MATCH FUNDING**

|  |  |
| --- | --- |
| Fiscal Year \_\_\_\_/\_\_\_\_ | $ |
| Fiscal Year \_\_\_\_/\_\_\_\_ |  |
| Fiscal Year \_\_\_\_/\_\_\_\_ | $ |
| Total Match Funding | $ |

**Provide a detailed description & dollar value of service, equipment, or products being contributed in support to the ARI project listed above.**

|  |  |  |
| --- | --- | --- |
| Item Description (donated supplies, equipment, or services) | Value of donated items | Estimated Delivery Date or Period of Performance |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(Please attach a separate sheet if additional space is needed to fully detail the value of this match.)

Print Name of Donor (Print) Date Donor Authorized Signature Date

Project Director Approval Date Foundation Grant Analyst Date

Center Director (if applicable) Date Campus Coordinator or Dean Date

**Guidelines for In-Kind Match**

The following in-kind documentation is required for ARI projects. The Project Director is responsible for securing all documents to satisfy the in-kind match requirements from the contributor

Verification requirements for **services rendered**

* Title of project (if applicable)
* Individual’s name and job title
* Type of work performed within scope of the ARI project
* Number of hours to be worked
* Actual rate of pay per hour or daily rate for work performed
* Rate must be based upon actual pay rate, i.e., employed rate, self-employed rate or market value rate
* If employer pays fringe benefits on employee, that figure can also be used as match. The actual fringe benefit percentage rate should be included on documentation

Verification requirements for **equipment, products or other contributions:**

* List the detail of the items(s) contributed including description, quantity, dollar value of each item with detail of how values were calculated
* Signature of Contributor-authorized signatory or designee
* Signature of Project Director verifying the receipt of item(s)