Date Received by OFMA:_____

HHNI PROGRAM
SECURED MATCH FORM

This form, with signatures, may either be submitted with the project application or upon approval of project application.. Evidence of match (this form) must be submitted to OFMA before disbursement of funds.

Project #: _____ *(to be filled in by OFMA Project Coordinator)*

Project Name: _____

Applicant/Grantee Name: _____

MATCHING FUNDS
OFMA requires evidence of at least 25% (of the requested HHNI funds) match funding for all HHNI grant projects. Verification entails listing the match funding source and including a signature of commitment from the entity(ies) providing the match. Matching funds may come from other grants, cash donations, "in-kind" donated labor or services, and in-kind donated supplies or materials. **OFMA funds may not be used to satisfy the match requirement.**

Match Funding Source	Signature of Authorized Representative	Dollar Value	Date
Total			

Submit original document with signatures to:
OFMA, attn: HHNI, PO Box 13272, Portland, OR 97213

Questions: email info@oregonfarmersmarkets.org