

ARI Project Number: \_

## **ARI In-Kind Match Verification Form**

In-kind matching for an ARI funded grant program is the portion of project costs not paid by ARI funds. Matching includes any contributions from a non-CSU entity, in which time, goods, services, equipment or other expendable property of verifiable financial "fair market value" is contributed to the ARI project in support of achieving the objectives as presented in the project proposal. Matching contributions cannot originate from the CSU State General Fund allocation and/or by cash and other contributions which have been previously utilized as ARI or ARI master grant match.

Fair market value is defined as the generally acceptable commercial value of a donation. For example: the value of consultant and/or staff time will be determined based on what the individuals involved are actually paid by other clients for similar work. Proper accounting for the match includes documentation of land value, contributed time supported through payroll documents, receipts for materials and supplies. Matching contributions are subject to audit and should be verified via support documentation submitted on a quarterly basis or at least annually.

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P.I. Name:					
ARI Project Title:					
ARI Funding Request:	Year 1:	Year 2:	Year 3:	Total ARI Request:	
Project Period (Estimated):	Start Date:		End Date:		
Contributor's Name:					
Contributor's Email:					
Check Appropriate Box:	Pledged	Received			
n the table below, please indicate th			at will be contributed in support	of this project.	
	Year 1:	Year 2:	Year 3:	Total:	
Salaries:					
Benefits:					
Equipment:					
Supplies:					
Other:					
In the box below, please provide	e a description of what is be	eing contributed.			
Approvals:					
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Project Director's Signature	Date	Auxiliary/Found	oundation/State Authorized Signatory Date		
Print 1	Name		Print Name		
	IN'	TERNAL USE ONLY			

Auxiliary /Foundation/State Number: \_