[Insert organization/ partner logo, name, or letterhead]

**Date:**

**From:** [Name of Entity claiming match]

**To:** California Community College Chancellor’s Office and

 Foundation for Grossmont and Cuyamaca Colleges

**RE:** **Match [19-# OR 20-#] [Name of K12 SWP Project as written in NOVA]**

Per the [CA Community College Chancellor’s Office](https://www.cccco.edu/-/media/CCCCO-Website/Files/Workforce-and-Economic-Development/K12-RFAs/2020-2021/K-12-SWP-Financial-Match-Guidelines.pdf?la=en&hash=CA02DE7255B8F9083C9FF28DD6614EB0ECF72735), match expenditures must directly benefit the pathway(s) that are the focus of the project. Providers of match should expect to provide auditable documentation of the expenditure of the match upon request.

**FINANCIAL MATCH (CASH MATCH)**

|  |  |
| --- | --- |
| **Expenditure Type** | **Financial Match for Reporting period** |
| Instructional Salaries (1000) | $ |
| Non-Instructional Salaries (2000) | $ |
| Employee Benefits (3000) | $ |
| Supplies and Materials (4000) | $ |
| Other Operating Expenses and Services (5000) | $ |
| Capital Outlay (6000) | $ |
| Indirect Costs (7000) | $ |

**IN-KIND MATCH**

|  |  |  |
| --- | --- | --- |
| **Source of In-kind Match Funds** | **In-Kind Match** | **How value was determined****(rate of pay x hours; time donated with total; fair market value of item, etc.)** |
| Person hours | $ |  |
| Use of equipment | $ |  |
| Use of facilities | $ |  |
| Other | $ |  |
| Total | $ |  |

**Certification**:

I [Name of Fiscal/Financial Officer], hereby certify to the best of my ability that the above expenses claimed for match reflect accurate amounts related to supporting this K12 SWP project in achieving its intended outcomes.

 Signature

[Name], [Title]
[Name of Organization]

[Email] [Phone]

INSTRUCTIONS: Include a separate letter for each entity providing match. This could include the awardee LEA, industry partner, community-based organization, community college partner or other.

Upload to NOVA with your quarterly report