



Donated Funds Initiative Verification of Donation

To: Bureau of Basic Supports-Title XX
Division of Family and Community Services

From: _____
(DFI Agency Name)

The above stated provider certifies that the attached expenditure report in the amount of \$ _____ represents true and actual expenditures for services rendered pursuant to the Agreement, that Title XX eligible services were delivered to Title XX eligible recipients, and that appropriate documentation to these costs is available in the service provider's office.

This also certifies that \$ _____ cash match and a value of \$ _____ in-kind required to receive 75%, \$ _____ federal reimbursement has been received by our agency and is accounted for through our fiscal system. _____

Date

Agency Authorized Representative