

APPENDIX V: QUALIFYING CASH MATCH

FY 2020 PLANNED EXPENDITURE CERTIFICATION FORM

Entity/Organization:			
Address: Street City, State Zip Code		Phone:	
Contact Name:	Email:		

Qualified CCDF Matching Funds

Entity/Organization is Identifying : Public Funds ☐ Private Funds ☐ Kindergarten ☐

All boxes must be checked in order to qualify.

- ☐ Expenditures/funds will be spent specifically in the out-of-school time program(s) serving 5-12 year old children.
- ☐ Identified afterschool FY20 (July 1, 2019 – June 30, 2020) expenditures will be paid for with non-federal funds.
- ☐ Identified funds do not originate from any federal source.
- ☐ Identified funds do not include parent fees of any kind.
- ☐ The identified expenditures/funds are not used for match or Maintenance of Effort (MOE) for any other funding.
- ☐ Qualified expenditure/fund documentation is accessible at the program's administrative office for on-site review.

If identifying Public Funds the following must be checked to qualify (State, County, City General Funds):

- ☐ The organization certifying State FY 2020 planned expenditures is a public entity.

If identifying Donated/Grant Funds the following must be checked to qualify:

- ☐ Funds are donated/granted to the entity/provider from an outside (third party) source.
- ☐ Identified funds do not come directly from the entity/organization. This includes and is not limited to; tuition, parent fees, donations from owners/directors/staff, etc. Donations from parents are not a condition for a child's participation in the afterschool program.
- ☐ The funds do not/will not revert to the donor's (the outside, third party source) facility or use.
- ☐ The funds do not have restrictions that would require their use for a specific individual, organization, facility or institution. *For example: The donor cannot specify what company a program must purchase supplies from.*
- ☐ If the cash match has been identified through fundraisers, all donors are documented. The donor(s) name(s), address(es), phone number(s), and the donation amount(s) are included in the on-site documentation.

Source and description of identified funds:			
Period of Expenditures:	State FY 2020 (July 1, 2019– June 30, 2020)		
Qualified Matching Amount:	\$		

_____ authorizes the State of Utah; Office of Child Care, Department of Workforce Services to commit the above referenced FY 2020 expenditures/donated funds as state match for the Child Care Development Fund. _____ certifies the above referenced expenditures/funds.

Electronic Signature:	Date:
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