

Ohio SMALL BUSINESS DEVELOPMENT CENTER PROGRAM

CERTIFICATION OF CASH MATCH

FUNDING CYCLE: January 1, 2024 - December 31, 2024

<u>HOST OR CONTRIBUTOR'S NAME</u>		<u>SBDC NAME</u>	
<u>MAILING ADDRESS</u>		<u>SBDC STREET ADDRESS</u>	
<u>CITY</u>	<u>STATE</u>	<u>CITY</u>	<u>STATE</u>
<u>ZIP CODE</u>	<u>COUNTY</u>	<u>ZIP CODE</u>	<u>COUNTY</u>
<u>PHONE #</u>	<u>FAX #</u>	<u>PHONE #</u>	<u>FAX #</u>
<u>UEI NUMBER</u>		<u>E-MAIL ADDRESS</u>	

CERTIFICATION:

As a duly authorized Officer/Representative of the host or sponsoring organization for this Small Business Development Center described above, I hereby certify that the SBDC Program Budget for the Funding Cycle described above, contains actual cash dollars in the following amounts from sources other than the federal government or from the Ohio Department of Development. The direct cash match committed by my organization only includes cash committed specifically for direct line item costs in the proposed budget and for specific SBDC approved activities. I further certify that the SBDC budget is under the control of the SBDC Director

Amount of Cash Match Certified by this Partner:	\$
Amount of Program Income on hand for SBDC service center:	\$

Authorized Signature:			
Name:(Printed)			
Title:		Date:	
Remarks:			

Instructions:

Complete the Cash Match Certificate for each service center. If a host wishes to have another contributor certify a portion of the cash match, a separate Certificate is required.