

2017-2018 Great Lakes Restoration Initiative
Engaging Citizens to Improve our Great Lakes Watershed through
Strategic Community Forestry Efforts
PARTIAL CASH MATCH FORM
For Cash Match Submission

Instructions:

1. Complete and sign Partial Cash Match Contribution Form
2. Attach copies of invoices, proof of purchases, contractor payments and other documentation as requested. File originals.
3. Mail Non-State Cash Contribution Form to: Valerie McClannahan, DNR Forestry, 500 Lafayette Rd., St. Paul, MN 55155-4044
- Or -
Email form and scan all files from Instruction 2 to Valerie.McClannahan@state.mn.us

1. Organization: _____

SWIFT Contract/PO No(s): _____

Contact Name: _____ **Contact Phone:** _____

Contact email: _____

Matching this grant is not required but can help both your community and the DNR obtain grant funds in the future. Matching funds must be raised from non-federal sources and cannot be used to match any other federal grant. Any match should be an "Eligible Expense". If you are willing to track and submit match funds, a good goal to shoot for is 50% or your total grant.

Cash match items can include items that you have purchased to add to your grant project that you are not requesting reimbursement for. Cash match cannot be additionally acquired Federal Funds.

Purchases not eligible for reimbursement may be submitted as a cash-match, but must be an "Eligible Expense" for the project. Ineligible grant-funded expenses that can be purchased by the city that are an eligible cash-match include, but is not limited to:

- food or beverages for volunteer events.
- payment for ad in local newspaper or for social media.
- the purchase or rental of any utility vehicle.
- storage shed for tools, or any other building in regards to this project.

2. Invoice Summary

Invoice Number	Invoice Date	Vendor Name	Description of Purchase	Amount
Justification for Purchase				
Invoice Number	Invoice Date	Vendor Name	Description of Purchase	Amount
Justification for Purchase				
Invoice Number	Invoice Date	Vendor Name	Description of Purchase	Amount
Justification for Purchase				
Invoice Number	Invoice Date	Vendor Name	Description of Purchase	Amount
Justification for Purchase				
Invoice Number	Invoice Date	Vendor Name	Description of Purchase	Amount
Justification for Purchase				
Invoice Number	Invoice Date	Vendor Name	Description of Purchase	Amount
Justification for Purchase				
Invoice Number	Invoice Date	Vendor Name	Description of Purchase	Amount
Justification for Purchase				
			Total Amount	

I certify this information is valid and factual as described in this report and that all costs are eligible under the for GLRI grant guidelines:

Signature of authorized community/organization official

Title

Date