

SMALL BUSINESS DEVELOPMENT CENTER PROGRAM

CERTIFICATION OF CASH MATCH & PROGRAM INCOME

Funding Cycle: _____

Name (Lead Center)	Loc. Code I.D. No.	Telephone No.
Street Address	City State	County Zip Code

CASH MATCH

As the duly authorized Officer/Representative of the State sponsored Small Business Development Center described above, I hereby certify that the SBDC program budget for the funding cycle indicated above contains actual cash dollars in the amount of \$_____ from sources other than the Federal Government. I further certify that the SBDC budget is under the direct control of the SBDC State Director.

PROGRAM INCOME

CURRENT BALANCE \$_____

(FY Balance as of 3/31/20____)

(CY Balance as of 6/30/20____)

SIGNED _____
Authorized/Representative/Officer

TITLE _____

DATE _____

Remarks:

EFFECTIVE: 8/1/85