

**WOMEN'S BUSINESS CENTER PROGRAM
CERTIFICATION OF CASH MATCH & PROGRAM INCOME**

Funding Cycle: ___/___/___ through ___/___/___

Name of Host Organization:	Street Address:
Telephone Number:	City, State and Zip

Attach a listing of sources and dollar match amounts to this certification.

CASH

As the duly authorized Officer/Representative of the Applicant described above, I hereby certify that the WBC program budget for the funding cycle indicated above, will contain actual cash dollars in the amount of \$ _____ from sources other than the Federal Government.

PROGRAM INCOME

Program Income collected for eligible WBC grant activities must be accounted for in a separate manner, and can be used to match WBC federal funds or further expand the WBC program service delivery.

Expected Program Income:

Program income expected to be earned from this current award which will be applied as match. Include this amount on the SF-424A, Section B, block 6, Column (4): \$ _____.

Actual Program Income On Hand:

Balance of program income on hand at the beginning of this project period which will be applied as match on this current award. Include this amount on the SF-424A, Section B, block 6, Column (4).: \$ _____.

SIGNED: _____
Authorized Representative/Officer
TITLE: _____
DATE: _____

SIGNED: _____
Authorized Representative/Financial
TITLE: _____
DATE: _____