

**WOMEN'S BUSINESS CENTER PROGRAM  
 CERTIFICATION OF CASH MATCH & PROGRAM INCOME  
 Funding Cycle: Select Project Period**

<b>Name of Women's Business Center and Host Organization:</b>	<b>Address:</b>
<b>Requisition or SBA-HQ Number</b>	<b>Telephone Number:</b>

**CASH**

As the duly authorized officer/representative of the above applicant or grantee, I hereby certify that the WBC program budget for the funding cycle indicated above contains 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 that 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 that 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: \_\_\_\_\_

**Complete the attached list of sources and dollar match amounts.**

