SMALL BUSINESS DEVELOPMENT CENTER PROGRAM

## CERTIFICATION OF CASH MATCH & PROGRAM INCOME

Funding Cycle: _____

| Name (Lead Center) | Loc. Code<br><br>I.D. No. | Telephone No. |
|---|---|---|
| Street Address | City<br><br>State | County<br><br>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