

**WOMEN'S BUSINESS CENTER PROGRAM**

**CERTIFICATION OF CASH MATCH & PROGRAM INCOME**

**Funding Cycle:** \_\_\_\_\_

<b>Name of Host Organization:</b>	<b>Street Address:</b>
<b>Telephone Number:</b>	<b>City, State and Zip</b>

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, contains actual cash dollars in the amount of \$ \_\_\_\_\_ from sources other than the Federal Government.

A listing of sources and dollar match amounts is attached to this certification.

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.

Cash match provided for this program year from program income sources:  
\$ \_\_\_\_\_

\*\*\*\*\*

Balance of WBC Program Income on hand at the beginning of this proposal period:  
\$ \_\_\_\_\_

**SIGNED:** \_\_\_\_\_  
**Authorized Representative/Officer**

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_