

Date Received by WMSWCD: _____

FISH GRANT



INKIND MATCH FORM

(Must be completed to receive final project payment)

Grantee Name:		Project #:	
Project Name:		Amount of FISH Grant Spent:	\$
FISH Award Amount:	\$		

ACTUAL MATCHING FUNDS

In the table below, list ALL matching funds actually received for the above-mentioned Small Grant project. Matching funds may come from other grants, cash donations, donated labor or services, and donated supplies or materials. The total shown must be at least 50% of the amount ultimately spent on the FISH project (the FISH Committee may require a greater amount of match). **Other FISH grants may not be used to satisfy the match requirement.**

Match Funding Source Category & Description	Invoice/Receipt # (if appropriate)	Cash	In-Kind Dollar Value	Date(s)
TOTAL				

Project Manager Signature: _____