



NORTH STATE TOGETHER

Cash Matching Declaration

County Network Name: _____

Budget Year: _____

Budget Categories	Amount of Cash Match	Funding Source (Public, Private, Donation)*	Description of Expenditures in Relation to Collaborative Work
PERSONNEL: (Salaries, Stipends, Consultants)			
PROGRAM EXPENSES: (Focus Areas/Initiatives)			
TRAVEL: (Conference/Training Travel, Mileage)			
TECHNOLOGY:			
MEETINGS/EVENTS:			
MARKETING/SUPPLIES:			
PHYSICAL SPACE:			
OTHER: (Regrant/Subgrants, i.e., mini-grants to participants)			

*Name Source if Possible

Total amount claimed: _____

Attach copy of current budget and steering meeting notes approving cash match.

DUE JUNE 30th of COUNTY BUDGET YEAR

Certified by: _____ Date: _____
County Network Authorized Designee

Approval: _____ Date: _____
North State Together Authorized Designee