

Family Nutrition Program (FNP) In-kind matching certification process:

Name of Organization: _____

Purpose of Organization: _____

FNP national guidelines require that in-kind matching contributions come from non-federal public funds.

Is your operation owned, funded and operated by state or local government?

Yes

No

We certify that we have public, non-federal funds/services available for matching the Family Nutrition Program (FNP), and that these funds are not used to match other federal programs.

Authorized Representative Signature: _____

Authorized Representative Title: _____

Authorized Representative Printed Name: _____

Date: _____

Univ of MO Ext Rep _____

County _____

REGION: NW WC CM NE EC SE-F SE-B SC SW

CONTR # _____

For the Year: 10/1/____ - 9/30/____