



SCHEDULE D – MATCHING FUNDS

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|--------------------|--------|
| Subrecipient Name: | FIPS#: |
| Grant Award No.: | |

This questionnaire is being sent to your organization as a subrecipient of federal funds awarded through the California Emergency Management Agency (Cal OES). During the month of _____, Cal OES processed a Reimbursement Request for Project Expenditures for the above grant, which reported match in the amount of \$_____.

For the purpose of this questionnaire, **Match** is the subrecipient’s contribution to support grant award activities. Match is categorized as either CASH (also known as hard match) which is income and/or resources from a source other than federal funds, or IN-KIND (also known as soft match) which is non-cash outlay of materials or resources to support grant award activities.

Please complete the following questionnaire as it relates to the match expenditures claimed on your Request for Reimbursement and **return it to the address shown below by (Date)** _____.

**Cal OES
Grants Monitoring
3650 Schriever Avenue
Mather, CA 95655
GMD@caloes.ca.gov**

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| 1. What type of match did your organization report under this reimbursement request? | <input type="checkbox"/> Cash <input type="checkbox"/> In-kind <input type="checkbox"/> Both |
| 2. If cash match, what is the funding source of the match? (Check all that apply) | <input type="checkbox"/> N/A <input type="checkbox"/> State funds <input type="checkbox"/> Local funds <input type="checkbox"/> Other federal funds <input type="checkbox"/> Program Income <input type="checkbox"/> Other (explain in “comments”) |
| 3. If in-kind match, what is the source? (Check all that apply) | <input type="checkbox"/> N/A <input type="checkbox"/> Donated Services <input type="checkbox"/> Donated Goods <input type="checkbox"/> Volunteer time <input type="checkbox"/> Other (explain in “comments”) |
| 4. How did you determine the value of the in-kind match? | <input type="checkbox"/> Actual cost or goods or service <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Going rate in the area <input type="checkbox"/> Quotes/Bids/Estimates <input type="checkbox"/> Other (explain in “comments”) |

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| <p>5. What supporting documentation do you maintain for your match? (Check all that apply)</p> | <input type="checkbox"/> Invoices <input type="checkbox"/> Contracts <input type="checkbox"/> Receipts <input type="checkbox"/> Payroll records <input type="checkbox"/> Cancelled checks <input type="checkbox"/> Quotes/Bids/Estimates <input type="checkbox"/> Time Sheets <input type="checkbox"/> Other (explain in "comments") |
| <p>6. If volunteer time is used for match, do you maintain: (Check all that apply)</p> | <input type="checkbox"/> Volunteer time sheets <input type="checkbox"/> Signed by Supervisor <input type="checkbox"/> Signed by Volunteer <input type="checkbox"/> Volunteer personnel files <input type="checkbox"/> Volunteer duty statements <input type="checkbox"/> Sign-in/out sheets <input type="checkbox"/> Other (explain in "comments") <input type="checkbox"/> Not applicable |
| <p>7. If volunteer time sheets are kept, are they: a. Signed by the Volunteer b. Signed by the Supervisor?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>8. Are match funds identified separately in your accounting records?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>9. How is match reported?</p> | <input type="checkbox"/> Spread equally over the grant period <input type="checkbox"/> As it occurs <input type="checkbox"/> Cumulative, reported periodically <input type="checkbox"/> Other (explain in "comments") |
| <p>10. If this is an ongoing grant, did you meet the match in your last grant award for this program?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>11. Was any of the reported match received from any of the following? (Check all that apply)</p> | <input type="checkbox"/> Consultants <input type="checkbox"/> Committee Members <input type="checkbox"/> Board Members <input type="checkbox"/> Paid staff who also volunteer |
| <p>12. Does your organization maintain match records for a period after the grant is closed? If yes, please indicate how long records are kept.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 7 years <input type="checkbox"/> Other _____ |

COMMENTS (attach additional pages if necessary):

Certification Statement

This is to certify that, to the best of our knowledge and belief, the data furnished on this form is accurate, complete and current. We further understand that any fraudulent information contained on this form may have an effect on future Cal OES funding for this organization.

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| Prepared by (Signature): | | Date Signed: |
| Print Name: | | Telephone #: |
| Project Director (Signature): | | Date Signed: |
| Print Name: | | Telephone #: |
| Address: | | |