

In-Kind Contribution Certification

SFY 2027 (JULY 1, 2026 THRU JUNE 30, 2027)

| CERTIFICATION | |
|--|--|
| Name of Municipality* | Type name of municipality or select from dropdown. |
| Name of Coordinating Entity (if one is assigned) | Click here to enter name of coordinating entity. |
| <p>Please check the box (to the right)* acknowledging the municipality (named above) will be using In-Kind contributions on the MGP Budget Worksheet. In-Kind contributions to the program can be quantified via volunteer hours and mileage directly related to the transportation service, donated equipment and supplies, and loaned office space and equipment.</p> | <input type="checkbox"/> |

| ⚠ Important Instructions |
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| <p>Attach PDF documentation or calculations to the submission of this sheet to support use of In-Kind contributions on the MGP Budget Worksheet.</p> <p>Enter your name, title, and the date in the highlighted fields below. All fields must be filled out. You may digitally sign with a certified e-signature (please submit as a WORD DOCUMENT) OR You may printout and sign (please submit as a PDF).</p> |

| SIGNEE INFORMATION & SIGNATURE | |
|--|---|
| Name* | Enter name of signee. |
| Title* (i.e., Chief Fiscal Officer) | Enter title of signee. |
| Date* | Enter date or select from dropdown. |
| Signature or e-signature* | <div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">X</div> <hr style="width: 60%; margin: 0 auto;"/> |

| ADDITIONAL COMMENTS |
|---|
| <p>Click here to enter additional comments.</p> |