

**SC Department of Social Services
SNAP 2 WORK Program-Third Party Reimbursement**

Local "Match" Certification Form

Period: Through

The following non-Federal funds will be used to operate the SNAP E&T Third Party Reimbursement Program during the period indicated above to provide employment and training services to eligible SNAP recipients and are not being used to match any other federal program:

<u>FUNDING TYPE /SOURCE</u>	<u>AMOUNT</u>

Name of Organization

Name of Authorized Agent

Signature

Title or Position

Date

Instructions for completing the Local Match Certification

1. Name – name of the local organization’s agent authorized to complete certification form.
2. Type/Source of Funds – The type or source of non-Federal funds.
3. Dollar Amount – Non-Federal dollars that will be used to operate the agency’s program. The SNAP program will provide 50% reimbursement based on the amount of non-federal dollars certified to be expended by the local organization to provide E&T services.
4. Period – period of time the services are to be provided. (format: mm/dd/yyyy)
5. Name of Organization – name of local entity that is providing allowable SNAP 2 Work Program services.
6. Name of Authorized Agent – name of local organization that is authorized to act on behalf of local entity.
7. Signature – the signature of the local organization’s authorized representative.
8. Title or Position – title or position of local organization’s authorized representative.
9. Date – date when form was completed.

Note: Total non-federal funds available to operate program must equal the total operational budget proposed. Agencies will be reimbursed for 50% of the allowable costs incurred minus a 5% administrative fee.