WOMEN'S BUSINESS CENTER PROGRAM CERTIFICATION OF CASH MATCH & PROGRAM INCOME

Funding Cycle:	through
Name of Host Organization:	Street Address:
Telephone Number:	City, State and Zip
IMPORTANT: Attach a listing of source	es and dollar match amounts to this certification.
that the WBC program budget for the funding the amount of \$ from \$\$\$ PROGRAM INCOME Program Income collected for eligible WBG	ive of the Applicant described above, I hereby certifying cycle indicated above contains actual cash dollars sources other than the federal government. C grant activities must be accounted for in a separate federal funds or further expand the WBC program
service delivery.	- Company of the control of programs
as match. Include this amount of \$\frac{\text{Actual Program Income on Hand:}}{Balance of program income on be applied as match on this currous SF-424A, Section B, block 6, Compared to the section B. Sec	hand at the beginning of this project period that will rent award. Include this amount on the
\$	
Signa	ture:
Authoriz	zed Representative/Officer
	or Print Name
Title:	
Date:	<u> </u>
Signat Authoriz	ture: ced Representative/Financial
Type	or Print Name
Title:	
Date:	