## Appendix XIV Attestation of Financial Commitment

Provider's Name:	
Contributing Organization Name:	
Address:	
Phone Number:	

I certify and attest to <u>(Enter Vendor Name Here)</u>'s ability to support 100% of all costs related to SNAP outreach activities and services until such time that the *Monthly Request for Expenditure Reimbursement* is submitted to and processed for payment by the Department of Children and Families (DCF). I understand that Federal SNAP-Outreach Funding will reimburse up to *50%* (maximum) of the allowable, reasonable, necessary, and allocable expenditures approved by the contract manager and that *vendors receiving said federal funds must financially support the remaining expenditures*.

The amounts listed below are designated as cash committed solely to support 50% of outreach activities and services and that the cash listed is not being used to meet match requirements of any other state or federal grant or contract funds.

Cash sources designated to support 50% of outreach activities and services.				
#	CASH SOURCE	CASH AMOUNT PER SOURCE		
1.				
2.				
3.				
4.				
5.				
6.				
	Total Cash Commitment:			

Signature of Authorized Official:

Name of Authorized Official (Printed): \_\_\_\_\_

Date Signed:

## For Department Use Only

This financial commitment is allowable for use in meeting the cash requirement for SNAP Outreach activities and services.

Financial Commitment Required Minimum:	\$ Cash Committed By Vendor:	\$

Procurement Manager's	Signature
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Date