

APPENDIX H- THIRD PARTY CERTIFICATION OF CONTRIBUTION	
1. Contributing Organization/Individual (Third Party Name, Title & Address)	
2. Name of Applicant Organization and Proposed Project Name for which this contribution is agreed to be provided.	
3. Name of DHSS Program	
4. Description of Contribution (Identify whether contribution is Cash or In-Kind and provide detailed computation to support item 5-Value, as indicated below.)	
5. Value (must be supported by description above) \$	6. Dates - Duration of Project supported by this contribution
7. Certification Statement I hereby certify that the funds, items, or services identified above will be contributed to support the above named project upon the award of a grant for the DHSS Program identified in item 3.	
8. Name of Authorized Representative	9. Title of Authorized Representative
10. Contact Phone	11. Contact Email
12. Signature of Authorized Representative	13. Date Signed