

MATCH (Income) (List below all sources of revenue that will be used to match your SDAC grant. **The total match must equal line 7 above.** Fill in **ONLY** those funding sources you will actually use to match the grant. Remember that you may not use federal funds to match federal funds; however, local government funding is eligible match.)

12. Funding Sources

Admissions (_____)	\$ _____
Corporate/Foundation (_____)	\$ _____
Other Private (_____)	\$ _____
City / County Funding (_____)	\$ _____
Contracted Services (_____)	\$ _____
Other Revenue: specify below:	\$ _____

13. Total Match (income) – **must equal line 7 above** \$ _____

Name (please type or print)

Title

Signature

Date