

**APPENDIX D: QUALIFYING CASH MATCH
PLANNED EXPENDITURE CERTIFICATION FORM
School Age Quality Grant 2025-2028**

Organization			
Address			
Phone Number	Street	City	Zip Code
Contact Name			Email:
Qualified CCDF Matching Funds			
Entity/Organization is Identifying (check all that apply):			
	<input type="checkbox"/> Public Funds	<input type="checkbox"/> Private Funds	
All boxes must be checked in order to qualify.			
<input type="checkbox"/> Cash Match funds will be spent specifically in the out-of-school time program(s) serving 5-12 year old children. <input type="checkbox"/> Identified afterschool expenditures will be paid for with non-federal funds. <input type="checkbox"/> Identified funds <u>do not</u> originate from <u>any</u> federal source. <input type="checkbox"/> Identified funds <u>do not</u> include parent fees of any kind. <input type="checkbox"/> The identified funds <u>are not</u> used for match or Maintenance of Effort (MOE) for any other funding. <input type="checkbox"/> Qualified funding expenditure documentation is accessible at the program's administrative office for on-site review			
If identifying Public Funds the following must be checked to qualify (State, County, City General Funds):			
<input type="checkbox"/> The organization responsible for certifying planned expenditures is a public entity.			
For Cash Match Funds, the following must be checked to qualify:			
<input type="checkbox"/> Funds are donated or granted to the organization from an outside (third party) source. Granted funds must come from state, local or private sources. In-kind donations do not count towards a program's Cash Match (this includes donated space and volunteer time). <input type="checkbox"/> Identified funds <u>do not</u> come directly from the organization. This includes and is not limited to; tuition, parent fees, donations from owners, directors, or staff. Donations from parents are not a condition for a child's participation in the afterschool program. <input type="checkbox"/> The funds <u>will not</u> revert to the donor's (the outside, third party source) facility or use. <input type="checkbox"/> The funds do not have restrictions that would require their use for a specific individual, organization, facility or institution. <i>For example: The donor cannot specify what company a program must purchase supplies from.</i> <input type="checkbox"/> If the cash match has been identified through fundraisers, all donors must be documented. The donor(s) name(s), address(es), phone number(s), and the donation amount(s) are included in the on-site documentation.			
Period of Expenditures: SAQ Grant Cycle (July 1, 2025- June 30, 2028)			
Source and description of identified funds (itemized):			
Organization Total Qualified Matching Amount:			\$
By signing below, I am aware that these expenditures will have to be resubmitted for each year of the grant, and that if MATCH funds change, I must contact DWS, OCC immediately.			
Electronic Signature:			Date:
Authorizes the State of Utah; Department of Workforce Services, Office of Child Care to commit the above referenced donated funds as state match for the Child Care Development Fund and certifies the above referenced funds.			