

**Rhode Island Emergency Management Agency
Grants and Finance Division
Confirmation of In-Kind Cost Share Contribution**

From: _____

Sub-Award#: _____

Title of Project: _____

During the period of _____ through _____,

_____ has made contributions to the activities under (____ - ____ -2017 HMEP).
(Contributor's Name)

The resources used to support these grant project activities consisted of the following expenses funded from non-federal sources and provided here as documentation for cost sharing. These contributions are valued at the actual costs to our organization.

Salary & Fringe Benefits \$ _____ (include % of total)

These expenses have not been used as cost sharing for any other program or sponsor.

Sincerely,

(Print Name & Job Title)