



FUNDS MATCH CERTIFICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
SFN 768 (7-2018)

This form must be submitted with monthly contract billing

Name of Entity's Authorized Agent

I certify the funds identified below were used to match funds paid during the specified time period.

Funds - Break out different types of funding sources. Not all funding sources will be necessary to complete each certification. Dollars must agree with the amount on the final billing.

Type of Private/Local Funds/Items	Source of Private/Local Funds/Items	Amount
Type of Non-Profit Funds/Items	Source of Non-Profit Funds/Items	Amount
Type of State Funds/Items	Source of State Funds/Items	Amount
Time Period Starting Date	Time Period Ending Date	
Type of Service/Contract	Contract Number	

Name of Entity		
Name of Authorized Agent (if different than Name of Entity)		Contract/Vendor Number
Signature	Title or Position of Authorized Representative	Date
Name of Authorized Representative		Telephone Number

Instructions

Name: Printed name of the entity's agent authorized to complete certification.

Type of Funds/Source of Funds: Type of funds used/Source of funds used. Break out different types of funding sources. Not all funding sources will be necessary to complete each certification.

Dollar Amount: Dollars that were used to match funds paid during the time period. Dollar reported must agree with amount on the final billing.

Time Period Starting Date/Time Period

Ending Date: Period of time the services were provided.

Type of Service/Contract: Services eligible for matching. Please include contract number.

Name of Entity: Name of entity that is providing the funding match.

Name of Authorized Agent: Name of agent, if different than "Name of Entity" above, that is authorized to act on behalf of entity.

Contract/Vendor Number: The contract or vendor number of the entity.

Authorized Representative's Signature: The signature of the entity authorized representative.

Date: Date when the form was completed.

Title or Position: Title or position of entity authorized representative.

Printed Name: Printed name of authorized representative.

Telephone Number: Telephone number, including area code, of authorized representative.