

**LOCAL INITIATIVE FUNDING PARTNERS PROGRAM
MATCH CONFIRMATION FORM**

GRANTEE INSTITUTION: _____

GRANT NUMBER: _____

Instructions: Please confirm all sources of funding which will be utilized as the dollar-for-dollar match required under this program. List each funding partner's name, contact person, address, amount of support, and indicate whether the funding is confirmed or pending. Provide a separate sheet for each year of funding. (If a particular funder would like to remain anonymous, please indicate this after providing their contact information.)

YEAR 1 2 3 4 (Please circle the year you are confirming)

THE ROBERT WOOD JOHNSON FOUNDATION BUDGET AMOUNT \$: _____

THE ROBERT WOOD JOHNSON FOUNDATION BUDGET PERIOD: _____

FUNDING PARTNER INFORMATION

Please provide information for all funding Partners

Nominating Funding Partner Organization: _____

Address: _____

Contact Person Name: _____

Contact Person Title: _____

Contact Person Phone: _____

Contact Person Fax: _____

Contact Person E-mail: _____

Amount: \$ _____

Confirmed/Pending: _____

Funding Partner Organization Name: _____

Address: _____

Contact Person Name: _____

Contact Person Title: _____

Contact Person Phone: _____

Contact Person Fax: _____

Contact Person E-mail: _____

Amount: \$ _____

Confirmed/Pending: _____

Funding Partner Name: _____
Address: _____

Contact Person Name: _____
Contact Person Title: _____
Contact Person Phone: _____
Contact Person Fax: _____
Contact Person E-mail: _____
Amount: \$ _____
Confirmed/Pending: _____

Funding Partner Name: _____
Address: _____

Contact Person Name: _____
Contact Person Title: _____
Contact Person Phone: _____
Contact Person Fax: _____
Contact Person E-mail: _____
Amount: \$ _____
Confirmed/Pending: _____

Funding Partner Name: _____
Address: _____

Contact Person Name: _____
Contact Person Title: _____
Contact Person Phone: _____
Contact Person Fax: _____
Contact Person E-mail: _____
Amount: \$ _____
Confirmed/Pending: _____

Total Amount Confirmed: \$ _____

Total Amount/Pending: \$ _____

***Note: Please Copy Page 2 should you require space for additional funders**