

SOUTHERN UNIVERSITY SYSTEM
CERTIFICATION IN-KIND CONTRIBUTIONS/COST SHARING

GRANT AND CONTRACT AWARD NUMBER _____

FOR THE PERIOD ENDED _____

SOCIAL SECURITY NUMBER _____

TYPE OF SERVICE PERFORMED _____

PERIOD OF PERFORMANCE _____

(NOTE: MUST BE EQUAL THE FAIR MARKET VALUE OF COMPARABLE SERVICES
IN THE CURRENT MARKET)

CERTIFICATION

I hereby certify that the services listed above were performed by me on the date and times shown, and that the value of services is based on the fair market value of comparable services in the current market.

In-Kind Contributor

Project Director

4-1000 4-1000

