SRDP Exhibit 26	In-Kind Contribution Certification
Dranged Project Name:	
Proposed Project Name:	
Proposed Project Location:	
Applicant Name:	
Explanation of how the project and/or its residents will be	enefit from the contribution:
Contributor Information	
Contributor Name:	
Contact Person:	Title:
E-mail	Phone:
Contribution Information	
Amount of Contribution: Anticip	pated date of Contribution:
Type of Contribution:	In-kind ☐ Concession ☐ Tax Abatement ☐ Other
If applicable, provide any statutes/resolutions authorizing	the contribution:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Description of Contribution:	
If non-monotony justification of fair market values	
If non-monetary, justification of fair market value:	
I certify that the information contained on this form is true	e and complete to the best of my knowledge
restrict the internation contained on the form is true	, and somplete to the boot of my knowledge.
Signature of Contributor	Date
Printed Name	

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