

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
FLORIDA COASTAL MANAGEMENT PROGRAM**

**INSTRUCTIONS FOR COMPLETING
EXHIBIT - II
SCHEDULE OF MATCH**

DEP AGREEMENT NO.: This is the number on your grant agreement that starts with CM _ _.

PROJECT TITLE: Enter the Title shown on the first page of the grant agreement.

PERFORMANCE PERIOD: This is the beginning and ending date of the reporting period.

DELIVERABLE NO.: Enter the number of the deliverable that you are requesting payment for.

DELIVERABLE MATCH AMOUNT CLAIMED: This is the total amount of match expenses from all approved budget categories for the deliverable.

Salaries: Provide an itemized listing of match for Salaries if applicable. Include the invoice number, invoice date, description of the goods or services purchased, vendor name, invoice amount, date of the transaction, check number/voucher number, check amount/transaction number, and amount claimed.

Fringe Benefits: Provide an itemized listing of match for Fringe Benefits if applicable. Include the invoice number, invoice date, description of the goods or services purchased, vendor name, invoice amount, date of the transaction, check number/voucher number, check amount/transaction number, and amount claimed.

Travel: Provide an itemized listing of match for Travel if applicable. Include the invoice number, invoice date, description of the goods or services purchased, vendor name, invoice amount, date of the transaction, check number/voucher number, check amount/transaction number, and amount claimed.

Equipment: Provide an itemized listing of match for Equipment if applicable. Include the invoice number, invoice date, description of the goods or services purchased, vendor name, invoice amount, date of the transaction, check number/voucher number, check amount/transaction number, and amount claimed.

Supplies: Provide an itemized listing of match for Supplies if applicable. Include the invoice number, invoice date, description of the goods or services purchased, vendor name, invoice amount, date of the transaction, check number/voucher number, check amount/transaction number, and amount claimed.

Contractual Services: Provide an itemized listing of match for Contractual Services if applicable. Include the invoice number, invoice date, description of the goods or services purchased, vendor name, invoice amount, date of the transaction, check number/voucher number, check amount/transaction number, and amount claimed.

Other Expenses: Provide an itemized listing of match for Other Expenses if applicable. Include the invoice number, invoice date, description of the goods or services purchased, vendor name, invoice amount, date of the transaction, check number/voucher number, check amount/transaction number, and amount claimed.

A SCHEDULE OF MATCH FORM IS REQUIRED FOR EACH DELIVERABLE.

**** PAYMENT WILL BE BASED ON COMPLETION OF DELIVERABLES:**
Deliverables must be submitted and approved prior to payment **