

FORM 11 – ATTESTATION LETTER FOR USE OF FUNDS AS MATCH

**Nebraska Stem Cell Research Project
Attestation Letter for Match Requirements**

TO: Nebraska Department of Health & Human Services, Division of Public Health

RE: Nebraska Stem Cell Grant Requirements

Per the Neb. Rev. Stat. §71-8805, the _____ attests it is using the
Stem Cell Research grant for a dollar-for-dollar match for other funds received by the institution or
researcher for nonembryonic stem cell research for the following grant:

Grant #: _____ Stem Cell 2024-##

Total Grant Amount: \$ _____

Principal Investigator: _____

Project Title: _____

Amount of funds received from other sources: _____

Sources of other funds including the Assistance Listing number (if applicable) and funder: _____

Should DHHS require verification of the above-mentioned funds, please contact _____
at your convenience.

Sincerely,

Signature of Authorized Officer

Print Name of Authorized Officer

Title

Date