STATE DISPLACED HOMEMAKER PROGRAM
MATCHING CONTRIBUTION PROJECT OPERATING PLAN

Division Management Services Bureau Department of Labor and Industry P.O. Box 1728 Helena, Montana 59624	**Contract/Modification No.**
Contractor's Name and Address	**Contract Period** From To **July 1, 2018** **June 30, 2019**

I. MATCH PLAN SUMMARY FOR THIS FISCAL YEAR

A. Total Match Projected for this Program Year $_____

II. MATCH DATA, CUMULATIVE TO QUARTER

Quarter Ending	9/30	12/31	3/31	6/30
Category				
A. State Displaced Homemaker (Total)				
1. Cash				
*2. In-Kind (Specify)				
**3.Other (Specify)				

*In-kind:
**Other:
CASH