### Form of Match Letter **(REVISED IN 2018)**

[This must be on the letterhead of the entity providing the resource.]

In the chart below is information regarding the resource being provided by this agency.

|  |  |
| --- | --- |
| Name of organization providing the resource |  |
| Type of contribution and use\* |  |
| Value of the contribution\*\* |  |
| Name of project |  |
| Specific grant contribution will support |  |
| Fiscal year contribution will support |  |
| Name of grant recipient and/or subrecipient |  |
| Date the contribution will be available\*\*\* | [\_\_\_\_\_\_\_\_], 2019 OR [\_\_\_\_\_\_\_\_\_], 2020 |
| Name of person authorized to commit these resources |  |
| Title of person authorized to commit these resources. |  |
| Signature of person authorized to commit these resources. |  |
| Date | Must be dated between May 1 and September 18, 2018 |

\* E.g., cash, childcare, case management, health care, etc. If cash, also state allowable activities to be funded by match.

\*\* For in-kind, identify method used to determine the value of the donation.

\*\*\* **For renewals, this date must be within your 2019-2020 operating year.**