
A. 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 <u>OR</u> [____], 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.**