[This form must be replicated on the letterhead of the organization *providing* the resource.]

|  |  |
| --- | --- |
| Name of Organization *Providing* Match Resources |  |
| Type of Organization *Providing* Match Resources | [PUBLIC or PRIVATE]  |
| Name of **Agency** *Receiving* Match Resources |  |
| Name of **Project** *Receiving Match Resources* |  |
| Project’s Grant Number |  |
| Commitment Type\*  | [CASH or IN-KIND] |
| Commitment Value | $ |
| Allowable Activities \*\* |  |
| Target Fiscal Year for Commitment\*\*\* |   |
| Authorized Agent’s Name |  |
| Authorized Agent’s Title |  |
| Authorized Agent’s Signature |  |
| Date of Written Commitment (Date of Signature) |  |

\* For in-kind a Memorandum of Understanding (MOU) will be required for each provider agency.

\*\*State allowable activity to be funded by Match, i.e. Supportive Services, childcare, case management, health care, etc. Match must be used on eligible costs of the project as defined under Subpart D of the HEARTH Act.

\*\*\* **For renewals, this date range should match the project start and end dates in E-snaps.**