### Match Letter Form **(REVISED IN 2019)**

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

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| --- | --- |
| 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\*\* | $ |
| Target Fiscal Year for Commitment\*\*\* | [MM/2020 – MM/2021] |
| Authorized Agent’s Name |  |
| Authorized Agent’s Title |  |
| Authorized Agent’s Signature |  |
| Date of Written Commitment (Date of Signature) | [Must be signed and dated prior to September 20, 2019] |

\* 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. If in-kind match for services, a memorandum of understanding (MOU) will be required instead of a match letter.

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