<Organization’s Letterhead Here>

# LOCAL MATCH COMMITMENT LETTER

Today’s Date (MM/DD/YYYY)

<Authorized Agent Name>

<Organization Name>

<Address Line 1>

<Address Line 2>

<City, State, Zip Code>

Re: <Grant Project Name> Project Application Local Match Commitment Letter

Dear Doorways of Northwest Florida:

As part of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program process, a local match funding commitment is required. This letter serves as <name of applicant>’s commitment to meet the local match fund requirements for the <Grant Program Name>.

<Describe the type of activities your organization intends to perform under the program, if awarded>

Source of Local Match Commitment Funds: 🞎 In-Kind Contribution 🞎 Financial Match

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Local Match Commitment Funding Source:** | **Financial Match Source: <Financial Match Source>**  **In-Kind Match Source: <In-Kind Match Source>** | | | |
| **Date Match Commitment Available:** |  | | | |
| **Total Project Cost:** |  | | | |
| **Requested Federal Share:** |  | | | |
| **Local Match Commitment: (See Page of RFP Guide)** |  | | | |
| **Activity Type:** |  | | | |

We understand that for match to be accepted, it must be allowable, reasonable, allocable, consistently applied, and included in the approved budget. We are aware that appropriate documentation is required to record the cost of match being provided. The records of all cash and in-kind contributions, including volunteer time will be documented.

We are aware that none of the cash or in-kind contributions can be paid from a federally funded source (including salaries) or are currently being utilized as a cost match toward another federal grant.

Please contact <Name of Contact> at <Phone Number and Email> with questions.

Sincerely,

<Printed Authorized Agent Name>

Signature of Authorized Agent

<Title>