# LOCAL MATCH COMMITMENT LETTER

<MM-DD-YYYY>

<Company/Jurisdiction Name>

<Address Line 1>

<Address Line 2>

<City, State, Zip Code>

Re: <PROJECT TITLE> Project Application Local Match Commitment Letter

Dear Opening Doors Northwest Florida:

As part of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program process, a local match funding commitment is required. This letter serves as <name of subapplicant>’s commitment to meet the local match fund requirements for the <Rapid Rehousing/Homeless Prevention/ETC. Assistance program>.

In this paragraph, describe how the organization will utilize other allowable sources, including any other federal or state source other than the grant in which your organization is applying as a part of the RFP, if funds from the source are not statutorily prohibited to be used as a match. Please refer to the [Cash Match](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-match/cash-match/) and [In-Kind Match](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-match/in-kind-match/) links for more information on allowable sources and documentation of match funds.

| **Source of Local Match Commitment Funds:** | Local Agency Funding**[ ]**  | Other Agency Funding**[ ]**  | Private Nonprofit Funding**[ ]**  | State Agency Funding**[ ]**  |
| --- | --- | --- | --- | --- |
| **Name of Local Match Commitment Funding Source:** |  |
| **Funds Availability Date:** |  |
|  | Provide exact MM/DD/YYY of availability of funds. |
| **Requested Federal Share:** | **$** |
|  | Must match $ amount provided in subapplication. |
| **Local Match Commitment:** | **$** |
|  | Refer to Links attached in paragraph 2 |
| **Funding Type:** |  |
|  | Examples: administration, cash, consulting fees, force account labor, program income, etc. |

If additional federal or state funds are requested, an additional local match commitment letter will be required.

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

Sincerely,

<Add Signature of Authorized Agent>

<Printed First and Last Name of Authorized Agent>

<Title>