*[Letterhead of Agency Providing Program Match]*

Date: *[Must be dated between May 1, 2024 and October 30, 2024]*

*[Name of Applicant Agency]*

*[Street Address of Applicant]*

*[City, State, and Zip Code of Applicant Agency]*

Re: FY 2024 *[Grant Name for which the Agency is providing Match]*

To Whom It May Concern:

This is to certify that *[Name of Agency Providing Match]* agrees to provide *[description of in-kind goods/services that will be provided or a description of what the cash funds will be spent on (i.e. in-kind behavioral health services for program participants or funding to support the program’s case management services to participating households]* for *[Applicant Agency Name]*’s FY2024 *[Grant Name for which the Agency is providing Match]*. The value of the *[in-kind goods/services OR cash match]* equals *[$XXXXX]* through the duration of the grant operating year. These *[in-kind goods/services OR cash match]* will be available for the period beginning on *[CoC Program grant operating start date in 2025]* to the end of the operating year on *[CoC Program grant operating end date in 2026]*.

Sincerely,

*[Authorizing Agency Official]*

*[Title of Authorizing Agency Official]*