**LOCAL MATCH COMMITMENT LETTER**

| <MM-DD-YYYY> |
| --- |

| <Town/Village Name> |
| --- |
| <Address> |
| <City, State Zip Code> |

**Hazard Mitigation Assistance (HMA) Sub-application Local Match Commitment Letter – Local Hazard Mitigation Plan Grant**

Dear State Hazard Mitigation Officer:

As part of the Hazard Mitigation Assistance Program process, a local match funding commitment is required. This letter serves as <Town/Village Name>’s commitment to meet the local match fund requirements for this grant.

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| --- | --- | --- | --- | --- |
| **Source of Local Match Commitment Funds:** | Local Agency Funding[x]  | Other Agency Funding[ ]  | Private Nonprofit Funding[ ]  | In-Kind Match[x]  |

|  |  |
| --- | --- |
| **Name of Local Match Commitment Funding Source:** | Financial Match Source: <Financial Match Source>In-Kind Match Source: * Staff time for hiring a consultant and plan coordination/development tasks
* Volunteer time at planning meetings and travel
 |
|  |  |
| **Total Project Cost:** | **$** |
| **Requested Federal Share (75%):** | **$** |
| **Local Match Commitment (25%):** | **$** |
|  |  |

We understand that in order 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 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 currently being utilized as a cost match toward another federal grant.

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

Sincerely,

<Add Signature of Authorized Agent>

| <First and Last Name of Authorized Agent> |
| --- |
| <Title> |
| <Phone> |
| <Email> |