**NON-FEDERAL MATCH COMMITMENT LETTER**

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

| <Jurisdiction/Private Not-for-Profit Name> |
| --- |
| <Address Line 1><Address Line 2> |
| <City, State Zip Code> |

**Hazard Mitigation Assistance (HMA) Sub-application Non-Federal Match Commitment Letter –** <Project Title> **–** <Application’s Funding Opportunity Reference>

Dear State Hazard Mitigation Officer:

As part of the Hazard Mitigation Assistance Program process, a non-federal match funding commitment is required. This letter serves as <sub-applicant>’s commitment to meet the non-federal match fund requirements for this grant.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source of Non-Fed. Match Commitment Funds:** | Local Agency Funding[ ]  | Property Owner Funding[ ]  | Private Nonprofit Funding[ ]  | State Agency Funding[ ]  |

|  |  |
| --- | --- |
| **Name of Non-Fed. Match Commitment Funding Source and Date Available:** | Financial Match Source(s): <identify the source(s) of funding for non-federal match, date available>In-Kind Match Source(s): <identify the source(s) of in-kind match> |
|  | If more than one funding source, list all entities and include amount for each. Example: • Applicant’s Name: $10,000• Property Owner Name: $4,500 |
| **Total Project Cost:** | **$** |
| **Requested Fed. Share (75%):** | **$** |
| **Non-Fed. Share (25%):** | **$** |
|  |  |

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 <Subapplicant’s Point 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> |

Enclosures:

* <File Names>