*[Letterhead of Agency Providing Program Match]*

*[Date: To be up to 60 days before the final CoC Application Deadline]*

*[Name of Applicant Agency]*

*[Street Address of Applicant]*

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

Re: FY 2019 *[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 FY19 *[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 grant operating start date in 2020]* to the end of the operating year on *[CoC grant operating end date in 2021]*.

Sincerely,

*[Authorizing Agency Official]*

*[Title of Authorizing Agency Official]*