# LOCAL MATCH FUND COMMITMENT LETTER

<MM-DD-YY>

<Company/Jurisdiction Name>

<Address Line 1>

<Address Line 2>

<City, State, Zip Code>

Re: < DISASTER & CONTROL #> Subapplication Funding Match Commitment Letter

Dear State Hazard Mitigation Officer:

As part of the Hazard Mitigation Grant Program process, a local funding match of at least 25% is required. This letter serves as <NAME OF SUBAPPLICANT>’s commitment to meet the local match fund requirements for the Hazard Mitigation Grant Program.

| **SOURCE OF NON-FEDERAL FUNDS:** | LOCAL AGENCY FUNDING | OTHER AGENCY FUNDING | PRIVATE NON-PROFIT FUNDING | STATE AGENCY FUNDING |
| --- | --- | --- | --- | --- |
|  |  | | | |
| **NAME OF FUNDING SOURCE:** |  | | | |
|  |  | | | |
| **FUNDS AVAILABILITY DATE:** |  | | | |
|  | PROVIDE EXACT MONTH/DATE/YEAR OF AVAILABILITY OF FUNDS | | | |
| **FEDERAL SHARE AMOUNT REQUESTED:** | **$** | | | |
|  | MUST MATCH $ AMOUNT PROVIDED IN SUBAPPLICATION | | | |
| **LOCAL SHARE AMOUNT MATCH:** | **$** | | | |
|  | MUST EQUAL A MINIMUM OF THE 25% FEDERAL SHARE REQUESTED | | | |
| **FUNDING TYPE:** |  | | | |
|  | EXAMPLES: ADMINISTRATION, CASH, CONSULTING FEES, ENGINEERING FEES, FORCE ACCOUNT LABOR, AGENCY PERSONNEL, PROGRAM INCOME, ETC. | | | |

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

Please contact <NAME OF CONTACT> at <PHONE NUMBER & EMAIL> with questions.

Sincerely,

<Add Signature of Authorized Agent>

<First and Last Name of Authorized Agent>

<Title>

<Phone>

<Fax>

<Email>