Continuum of Care Match Contribution

RE:

This document represents the unconditional commitment of match contribution to the above-named project.

|  |  |
| --- | --- |
| Name of Source of Contribution |  |
| Total Value of Committed Contribution |  |
| Category  Cash  In-kind Professional Services  In-kind Goods  In-kind Equipment  In-kind Property | If Professional Services, Profession of the Person Providing Service –  Hourly Rate $  Estimated Number of Hours -  If Goods, Equipment or Property, describe the type of Contribution -  Value of Goods, Equipment or Property documented by - |
| Name of Project |  |
| Project Period | Month: August 1, Year: 2024 through  Month: July 31 Year: 2025 |
| Point-in-time Number of Clients Served by In-kind Contribution | N/A |
| Total Clients Receiving Service Over Grant Term |  |
| Date Contribution will be Available |  |
| Name of Person Authorized to Commit Contribution at Organization |  |
| Title of Person Authorized to Commit Contribution at Organization |  |
| Signature of Person Authorized to Commit Contribution at Organization |  |
| Date of Signature of Person Authorized to Commit Contribution at Organization |  |

**24 CFR Parts 84 & 85**

*\*\*This match commitment is contingent on HUD’s award to the Receiving Organization for the above-named project.*