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  [x]  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 throughMonth: 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.*