

Continuum of Care Match Contribution

RE: Project Name:

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: 2026 through Month: July 31 Year: 2027
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.*