

## **CERTIFICATION OF MATCHING FUNDS**

The \_\_\_\_\_ certifies that the  
(Name of Applicant)  
Matching supplemental funds or in-kind support contribution required by the State of Tennessee's Emergency Solutions Grants Program will be provided. Included in the application is the match source type, amount and source.

(Name and Title) \_\_\_\_\_

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

**To be signed by local government official or board chairperson, as applicable.**