## **CERTIFICATION OF MATCHING FUNDS**

The										
(Name of Applicant)										
	41 4	41		11	C 1-		t 1.t 1		4-:114:	
certifies	tnat	tne	matching	supplemental	runas	or	in-kina	support	contributio	on required
by the	State	of	Tennessee's	Emergency So	olutions	Gra	nts Progra	am will be	e provided.	Included in
the prog	ram na	rrati	ve is a descr	ription of the p	roposed	sour	ces and a	mount of s	such suppler	nental funds.
(Name and	d Title) _									
(Signature	9)						(Da	te)		
` ` ` `	/						(	/		

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