

Form #8 - CASH MATCH COMMITMENT

See instructions in Statement of Need, Section D.

Scan, save as a pdf and identify as "son#####_Match".

Retain original. In the event that proposal is funded, original form will be needed for contract.

| | | | |
|---------------|--|--------------|--|
| Agency Name*: | | SoN # | |
| Program Name: | | Program ID# | |

**Legal name of agency/organization/institution as it appears on Application Cover- Form #1*

| | |
|---------------------------------------------------------------------------------------------|--|
| Federal Award - 75% | |
| Cash Match Commitment - 25% | |
| ENTER Total Cost of Services - 100% | |
| <small>(must be same as Total Cost of Services on Cover Form #1 and Budget Form #6)</small> | |

Pursuant to the requirements of Georgia's Promoting Safe and Stable Families program, we are aware that an award recipient must provide a cash match in the amount of 25% of total program cost. This organization, by the signature of the authorized officer below, commits to provide matching funds in the amount indicated above.

This organization further covenants the following:

- The matching funds do not reflect funding received from any other federal source.
- The matching funds reflect a cash contribution. "In-kind" contributions do not meet program requirements for matching funds.
- Funds derived from the PSSF contract will not be used to match other federal funding sources.

To the extent matching funds are used to qualify for federal funding, the matching funds will reflect an irrevocable contribution to the referenced agency or program.

| List all sources of Matching Funds* | Date Funds Available | Amount of Matching Funds |
|-----------------------------------------------------------------------------------------------|----------------------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL (Total must equal amount of 25% Cash Match Commitment indicated above) | | |

* Indicate legal name of organization providing match (if other than Applicant).
If Applicant is providing match from general operating budget, indicate source(s) of funds.

Signature of AUTHORIZED Officer

Notary Signature

Printed Name of Officer
(Must match name on Secretary of State screenshot)

Date Commission Expires

*Affix notary seal or stamp below.
Use foil for additional contrast.*

Title of Officer
(Must match title on Secretary of State screenshot)

Date