

Form #8 - CASH MATCH COMMITMENT – Revised Covid

See instructions in Statement of Need, Section E.
Scan, save as a pdf and identify as "son#####_Match". Retain original.

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

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

ENTER Subtotal and Covid Supplemental Aid ONLY. All other amounts will auto-calculate.

Federal Award - 75%	
Cash Match Commitment - 25%	
ENTER Subtotal - 100% <i>(must be same as Subtotal on Cover and Budget)</i>	
ENTER Covid Supplemental Aid of \$5,000 or \$10,000 <i>No Match Requirement. Enter zero if not requesting Covid Supplemental Aid</i>	
Total Cost of Services <i>(must be same as Total Cost of Services on Cover and Budget)</i>	

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 cost, excluding Covid Supplemental Aid, if applicable. 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)		
<i>* 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.</i>		

Signature of AUTHORIZED Officer

Notary Signature

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

Date Commission Expires

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

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

Date