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As part of the Emergency Solutions Grant process, a funding match is required.

This certification serves as \_\_\_\_\_'s (Subrecipient) Resolution of Match Commitment as authorized by the \_\_\_\_\_ (i.e., Board Chair). Subrecipient ensures its commitment to meet the matching fund requirements for the (Project Name) through the Emergency Solutions Grant Program. The matching fund requirement is \$\_(ESG Allocation Amount)\_. If additional funds are allocated, additional matching funds will be required.

**SUBRECIPIENT**

By: \_\_\_\_\_

**Signature**

\_\_\_\_\_  
**Typed or Printed Name**

\_\_\_\_\_  
**Title**

Date signed: \_\_\_\_\_

**SAMPLE**