**Attachment F**

**Certification of Local Match**

(print, complete, and scan this page for submittal)

I, the undersigned, representing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Legal Name of Agency), do hereby certify to the Ohio-Kentucky-Indiana Regional Council of Governments that the required local match for the proposed project will be available in the following amount(s), from the following source(s) by the start date of the proposed project.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Requested Item | Qty | Total Cost  (estimation) | Federal Share | Local Share | Local Funding Source(s)  (be specific) |
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*Applicant to add rows as necessary*

Authorizing Signature:

Printed Name:

Title:

Organization:

Date: