

## CERTIFICATION OF MATCHING FUNDS

This certifies that \_\_\_\_\_ operates on a fiscal year,  
(Name of Agency)

which ends on \_\_\_\_\_. This further certifies that the financial records

(un-audited) of \_\_\_\_\_ for the year ended \_\_\_\_\_ will be  
(Name of Agency)

reflected in the following, as related to federal and non-federal awards, and satisfies the matching funds requirement for CDBG and/or ESG funds or consideration for additional points in the scoring of Proposals for other CDBG and/or ESG funding categories.

**B. Matching Funds.**

Source of Funds	Contract Period	Purpose	Amount

**B. Total Agency Funding:** \$ \_\_\_\_\_

The undersigned certify that the above information is complete and accurate, to the best of their knowledge, and that the City of Miami, Department of Community Development, will be notified, should this information be determined to be different.

Chief Financial Officer

Chief Executive Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

City of \_\_\_\_\_ STATE OF FLORIDA

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_

by \_\_\_\_\_ as \_\_\_\_\_ (title)  
(name of person whose signature is being notarized)

of \_\_\_\_\_ known to me to be the person described herein,  
(name of corporation/company)

or who produced \_\_\_\_\_ as identification, and who did/did not take an oath.  
(Type of Identification)

NOTARY PUBLIC:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

My commission expires \_\_\_\_\_

SEAL