

# Grant Matching Program

## Self-Certification Form

This self-certification form is to be completed and signed by the business unit leader and financial leader of the applicant organization (or the authorized agency representative with signatory authority) and must be emailed to the [grants@ofa.nv.gov](mailto:grants@ofa.nv.gov) as a PDF titled "GMP Self Cert Form-insert agency name" with the Grant Matching Program (GMP) application.

**Applicant Organization:**

**Funding Organization:**

**Funding Opportunity Name:**

**Funding Opportunity Amount Requested:**

**Funding Opportunity Project Period:**

**GMP Match Amount Requested:**

**GMP Match Project Period:**

**Partial Match Amount Committed by Applicant (if any):**

We hereby certify that the applicant organization:

- Is either a state agency, local government agency, tribal government, or nonprofit organization.
- Be able to fully expend any awarded GMP funds in accordance with federal or nongovernmental grant award guidelines.
- Has exhausted all potential sources for the match required by the grant opportunity and specifically:
- Has no additional cash sources of match available within the legislatively approved or organizational operating budget; and
- Has no cash or in-kind sources of match available.

If circumstances change and match from another source becomes available prior to the award and acceptance of the federal grant, the applicant organization must immediately notify the GMP manager as an award from the GMP may be reduced or eliminated.

Authority	BUSINESS UNIT LEADER	FINANCIAL LEADER
Signature		
Name		
Phone Number		
Email Address		
Date Signed		