**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:** Click or tap here to enter text. **Funding Organization:** Click or tap here to enter text. **Funding Opportunity Name:** Click or tap here to enter text.

**Funding Opportunity Amount Requested:** Click or tap here to enter text.

**Funding Opportunity Project Period:** Click or tap here to enter text.

**GMP Match Amount Requested:** Click or tap here to enter text.

**GMP Match Project Period:** Click or tap here to enter text.

**Partial Match Amount Committed by Applicant (if any):** Click or tap here to enter text.

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.

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| Authority | **BUSINESS UNIT LEADER** | **FINANCIAL LEADER** |
| Signature |  |  |
| Name | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. | Click or tap here to enter text. |
| Date Signed | Click or tap here to enter text. | Click or tap here to enter text. |