

Tennessee Department of Finance and Administration
Office of Criminal Justice Programs
312 Rosa Parks Ave, Ste. 1800
Nashville, TN 37243-1102

CERTIFICATION OF MATCH SOURCE

I certify that I understand the match obligation for this funding. No federal dollars (including pass through funds from other state departments) will be used to match the funds received.

I also certify that _____ (name of awarded agency recipient) has the following match sources:

___ Cash (Any cash spent on allowable expenses funded by unrestricted funds)

Source of cash match: _____

___ In-Kind (i.e., volunteer time, 100% donated space, donated goods given to clients)

Source of in-kind match: _____

I further certify that I have read and understand the requirements for cash and in-kind match, including documentation of in-kind, as specified in the online [OCJP Grants Manual](#).

SUBMITTED BY:

Signature: _____

Date: _____

Name: _____

Title: _____

(Authorized Official)