



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

CERTIFICATION OF MATCH WAIVER

I certify that _____ (name of awarded agency recipient) has reached our limit on cash and in-kind match opportunities at this time and will notify OCJP within 10 days if there are any changes in our match situation during the grant term.

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)