**Match Letter Template**

**Please copy the following template to your letterhead. A separate letter must be completed for each of your projects:**

**Insert Date Here**

**Ms. Karia Basta**

**Special Needs Housing Administrator**

**AZ Department of Housing**

**1110 W. Washington St., Suite 310**

**Phoenix, Arizona 85007**

**Dear Ms. Basta:**

**Please consider this the formal match letter for**

**Name of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The current grant number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A total of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of match is available for this project for the 2019/2020 program year. The match will be provided as follows:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category (i.e. cash, personnel, household items, services provided by the agency) List categories here-add rows as needed.** | **Basis include the basis for figuring the amount i.e. household items @$200 per household unit.** | **In-Kind or Cash** | **Amount** |
| **Cash** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Program income** |  |  |  |
| **Total** |  |  |  |

**Please call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(enter your phone number) if you need any additional information.**

**Sincerely,**

**Signatory’s Name**

**Signatory’s Title**