



ATTACHMENT 1 – VOLUNTARY CASH MATCH FORM (OPTIONAL)

Applicant Organization:

ECC Name (if different):

Grant Application ID (if assigned):

Total Project Cost: \$

Cash Match Amount: \$

Status of Match Funds (check one):

☐ Secured

☐ Pending Approval

Source(s) of Cash Match Funds:

☐ Approved and signed Resolution from the Governing Body of the 911 ACOG Member Government

CERTIFICATION

I certify that the information provided in this request is true and complete to the best of my knowledge, and that the organization will comply with all other terms and conditions of the 911 ACOG Grant Program if funding is awarded.

Authorized Official Name & Title:

Signature:

Date: