

**CALIFORNIA MARITIME HERITAGE GRANT PROGRAM
MATCH CERTIFICATION FORM**

Project Name: _____

The applicant, _____, certifies that there is available at the time of submittal of this application, and prior to the encumbrance of any Maritime Heritage Grant funds, the required match from local, state, private, tribal, or in-kind sources for any work on the project for which an application for a grant has been made.

(Round all figures to the nearest dollar. If there is more than one funding source in a category, list on an additional sheet.)

Total Grant Amount Requested: \$ _____

Sources of Match	Match Amount
Local Funds: _____ (Agency or Jurisdiction Name)	\$ _____
State Funds: _____ (Agency or Funding Source Name)	\$ _____
Private Funds	\$ _____
Tribal Funds: _____ (Tribe Name)	\$ _____
In-Kind Resources	\$ _____
Total Match <i>(must equal or exceed total grant amount requested and must equal or exceed match funding shown on applicant's budget justification worksheet)</i>	\$ _____

Signature of Authorized Representative

Date