

**CERTIFICATION OF STATE MATCHING FUNDS TO QUALIFY
FOR GROUP 1 ON THE PRIORITY LIST**

I certify that the total (35%) State matching funds in the amount of \$ _____
is now available, or will be available by August 15, 20 __, for the proposed State home
project, FAI# _____. These State funds will remain available until _____

No further State action, other than administrative, is required to make these fund available.

Type Name and Title of
Authorized State Budget Official

Signature

Date

Enclosure: Copy of Act, as approved by the Governor, authorizing the project and making available the State's 35 percent matching funds for the project. (If the State has not appropriated the State matching funds, then, sufficient documentation must be provided to show that the State has available the State has matching funds for the project.)