

## MATCHING FUNDS FINANCIAL COMMITMENT FORM

Building Number: \_\_\_\_\_

Building Address: \_\_\_\_\_

In order for private/other funds to be counted toward program matching funds, the following commitments must be completed, signed and dated by the building owner(s) and/or business owner(s). **Incomplete forms will not be used to calculate matching funds.** Please make as many copies of this form as necessary.

**Building Improvement Description (include address):**

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**Building Owner(s) Commitment(s):**

Of the total funds committed in column "C" of the **INDIVIDUAL BUILDING CONDITIONS SURVEY/THIRD PARTY COST ESTIMATES/PHOTOS** form I will be responsible for providing \$\_\_\_\_\_ (A)\* toward the improvement of (address). Furthermore, I will provide the funds for this commitment during the grant period as outlined in the community's grant agreement with the State of Ohio/Department of Development/Office of Housing and Community Partnerships.

\_\_\_\_\_  
(Building Owner's Signature) (Date)

\_\_\_\_\_  
(Building Owner's Signature) (Date)

**Business Owner(s) Commitment(s) (if applicable):**

Of the total funds committed in column "C" of **INDIVIDUAL BUILDING CONDITIONS SURVEY/THIRD PARTY COST ESTIMATES/PHOTOS** form, I will be responsible for providing \$\_\_\_\_\_ (B)\* toward the improvement of (address) \_\_\_\_\_ where my business, (name of business) \_\_\_\_\_ is located. Furthermore, I will provide the funds for this commitment during the grant period as outlined in the community's grant agreement with the State of Ohio/Department of Development/Office of Housing and Community Partnerships.

\_\_\_\_\_  
(Business Owner's Signature) (Date)

\_\_\_\_\_  
(Business Owner's Signature) (Date)