



Letter of Commitment for NG9-1-1 Reimbursement Grant

Please review the below information and sign where indicated to acknowledge that your agency is aware of and is following the policies and guidance outlined in this document and in the NG9-1-1 Grant Announcement.

By signing, _____ (Agency Name) commits to fulfilling all conditions in this grant and promises to abide by the grant requirements. _____ (Agency Name) understands that this is a reimbursement grant, which means no funds can be expended prior to the grant award date and that _____(Agency Name) must pay for the total project cost upfront.

Supplanting

Federal funds must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Supplanting shall be the subject of application review, as well as pre-award review, post-award monitoring, and audit. If there is a potential presence of supplanting, the Subgrantee will be required to supply documentation demonstrating that the reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds.

_____ (Agency Name) certifies that any funds awarded through the NG9-1-1 Reimbursement Grant Program shall be used to supplement existing funds for program activities and will not replace (supplant) non-federal funds that have been appropriated for the purposes and goals of the grant.

_____ (Agency Name) understands that supplanting violations may result in a range of penalties, including but not limited to suspension of future funds or future State grants under this program, suspension or exclusion from federal grants, recoupment of monies provided under this grant, and civil and/or criminal penalties.

Local Match

The NG9-1-1 grant is a reimbursement grant with a 40 % non-federal cost share/match requirement. Eligible types of match for this grant are limited to cash (hard) match. Allowable cash match may only include those costs that are eligible expenses under the grant program and are compliant with 2 CFR §200 and 2 CFR §200.400.475.

_____ (Agency Name) understands that the NG9-1-1 Grant is a reimbursement grant, and that all funds must be paid by the subgrantee before reimbursement can be made. The applying

agency is responsible for the 40% cash match, and the source of the local match will be from _____.

Joint Applications (Only fill this section out if the application includes multiple agencies)

Two or more agencies may submit a joint application for NG9-1-1 funds; however, all agencies involved must acknowledge that they are jointly responsible for meeting the grant requirements, including local match requirements. Joint applications may involve a Customer Premise Equipment (CPE) solution hosted at and by a local agency.

_____ (Agency Name) and _____ (Agency Name) acknowledge that agencies that apply jointly are both responsible for the grant, though _____ (Agency Name) is the lead agency on the grant and will be receiving the reimbursement from the State.

Signatures

Printed Name and Title of Signing Official
(Lead Agency if part of a Joint Application)

Signature

Date

Printed Name and Title of Signing Official
(Agency 2 if part of a Joint Application)

Signature

Date

Attach additional signature pages if necessary