**CMSP Healthcare Infrastructure Development Matching Grant Program**

**(HID Matching Grant)**

***Sample Letter of Commitment***

TO: CMSP Governing Board

RE: Applicant Agency (and Non-Profit if applicable)

Date: XX/XX/XXXX

This letter of commitment confirms that the (name) \_\_\_\_\_\_ County Board of Supervisors supports the application for a HID Matching Grant by the (name) \_\_\_\_\_ County Department/Agency. The (name) \_\_\_\_\_ County Board of Supervisorsunderstands only one HID Matching Grant will be awarded in the county; and, further understands HID Matching Grants are intended to help meet the local financial match requirement for CMSP counties to take advantage of healthcare infrastructure funding opportunities provided by state, federal or other programs to expand physical capacity to provide healthcare and behavioral health services.

The (name) \_\_\_\_\_\_ County Board of Supervisors commits to assuring that the healthcare infrastructure funded by the HID Matching Grant shall be used for its intended purpose for the entire period required under the federal, state or other primary grant received by the county (and/or non-profit under contract with the county if applicable).

For any future communications, please contact *Name, Title, phone, and email*.

Sincerely,

Chair,

(name) \_\_\_\_\_ County Board of Supervisors