**TO BE PRINTED ON LETTERHEAD OF LOCAL PUBLIC AGENCY**

*{Insert Date}*

Dr. Vicki King-Maple

Executive Director

Ohio Mid-Eastern Governments Association

326 Highland Avenue, Suite B

Cambridge, OH 43725

**Re: Certification of Local Funds**

Dear Dr. King-Maple:

I hereby certify that the {insert name of local public agency} has the amount of *{insert amount}* in the *{Insert name of account / fund*} and that this amount will be used to pay the local share for the {Insert name of project} when it is required.

Thank you.

*Signature of Chief Financial Officer*

Name and Title of Chief Financial Officer