Department of Veterans Affairs		
CERTIFICATION OF ST TO QUALIFY FOR GROUP		
PROJECT DESCRIPTION		
PROJECT LOCATION		FAI NUMBER
l certify that the total (35%) State matching funds in the amount	of \$	is now available, or will be available by
July 1,, for the proposed State Home project, Federal A	pplication Identifier (FAI) #	. These State
funds will remain available until	.	No further State action, other than
administrative, is required to make these fund available.		
Description of Funding Source		
ENCLOSURE: Copy of Act, as approved by the Governor, author	izing the project and making	available the State's 35 percent
matching funds for the project. (If the State has not appropriated th		
provided to show that the State has matching funds available for the	ne project.)	
		TITLE 38 USC 8135 (B) (2) (A)
CERTIFICATION - THE LAW PROVIDES SEVERE PENALT	IES FOR WILLFUL SUBMI	SSION OF FALSE INFORMATION.
I certify that the above information submitted to VA is tru	e and correct to the best	of my knowledge and ability.
NAME OF AUTHORIZED STATE OFFICIAL	ITLE OF AUTHORIZED STAT	E OFFICIAL
SIGNATURE	C	DATE (mm/dd/yyyy)
The Paperwork Reduction Act of 1995 requires us to notify you that this informatic Act. The public reporting burden for this collection of information is estimated to	average 1 hour per response, inc	luding the time for reviewing instructions, searching
existing data sources, gathering and maintaining the data needed, and completing an not required to respond to, a collection unless it has a valid OMB Control Number.		
8133(a) and 8135(a). VA will use this information, along with other documents sub meet VA requirements for a grant award and to rank the projects in establishing the	omitted by the States to determine	the feasibility of the projects for VA participation, to
authorize a grant without a complete package. Your failure to furnish this information		