



COVID-19 MATCH WAIVER GUIDANCE and AFFIDAVIT

Based on the NBRC's interpretation of FY'21 appropriations language, the NBRC will accept requests from 2023 grant applicants for "no match" applications if the grantee indicates that matching funds are not available because of the impacts of COVID-19.

An applicant seeking a match relief waiver must complete the Affidavit template provided by NBRC (below), which must be signed by the "authorizing official" and included with the "additional documents" submitted with the application. In the course of completing the Affidavit, the Applicant will identify the percentage of match for which they are requesting a waiver and attesting to the fact that match funding is unavailable due to the economic impacts of COVID-19. If an applicant follows the template and submits a waiver, the request will be accepted without further documentation.

With respect to the scoring of applications, each NBRC State includes match in their scoring criteria in some way, typically as part of an overall "readiness" score. As such, for applications that include an Affidavit as described above, each State's "readiness" score will consider the project's impact and readiness regardless of match, and the applicant will not be penalized for lack of match.



**NORTHERN BORDER REGIONAL COMMISSION
CY2023 AFFIDAVIT OF NON-FEDERAL COST-SHARE WAIVER REQUEST**

In order to support my assertion this filing is consistent with the Omnibus Appropriations Bill (Consolidated Appropriations Act, 2021, December 21, 2020), I affirm that:

- ☐ I am an authorized official acting on behalf of
- the entity applying for Northern Border Regional Commission funding.
- ☐ The applicant entity is in good standing in the State where it is located.
- ☐ The applicant entity is eligible for NBRC funding.
- ☐ The applicant is seeking a match waiver of %.
- ☐ Match funding is unavailable to the economic distress directly related to the impacts of COVID-19.

Brief description of why match is unavailable and include supporting data (if available).

I, verify that the facts set forth in this affidavit are true and correct to the best of my knowledge, information and belief.

Signature of Authorized Official

Date

Printed Name of Authorized Official