



Match Waiver Request for VOCA Funds

Applicant/Subgrantee Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Performance Period: _____ through _____

Is this a full or partial waiver request? Full Partial

If this is a partial request, how much of the 25% match is being waived? _____

Match waivers, both in full and in part, are required to be justified at the time a VOCA grant application is submitted. Should a match waiver be requested in full or in part, the VOCA applicant must answer the following questions before a match waiver will be considered:

1. How is this grant currently being matched?

2. What extenuating circumstances exist that impede the organization's ability to partially or fully match the VOCA grant funds requested?



- 3. Has the organization considered all possible options for meeting the match with in-kind and cash sources that are not being used as match on another federal grant?**

- 4. What methods has the organization used to consider all possible options for meeting the match requirements?**

- 5. What steps does the organization plan to take to be able to meet the match requirement in the future?**



6. If a match waiver is approved, does the organization anticipate this is a one-time request or are there extenuating circumstances that will required a waiver request next year?

7. How would the denial of a match waiver impact the VOCA project?

8. Would the program have to decline all or part of the grant award if a match wavier is not granted?

Waivers will only be applicable for the duration of the sub-recipient's project based on the state fiscal year (i.e. not indefinitely).

Signature of Authorizing Official: _____

Date: _____

Signature of CDVSA Exec. Director: _____

Date: _____