



Match Waiver Request for VOCA Funds

Applicant\Subgrantee Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Performance Period: _____ through _____

VOCA grant award amount: \$ _____ 25% match amount: \$ _____

Is this a full or partial waiver request? Full Partial

If this is a partial waiver, what percentage can you meet? _____%

What amount does this equate to? \$ _____

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: _____