



### 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: \_\_\_\_\_