**Agency Name**: Click here to enter text.

**Project Title**: Click here to enter text.

**Project Period**: Click here to enter text.

**VOCA Funds Requested**: Click here to enter text.

**Match Waiver Percentage Requested**: %

**Justification for Waiver Request**:

1. How is the VOCA grant currently being matched? (answer if applicable)
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/or 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 requirement?
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 require the organization to submit a waiver request for the next VOCA grant application?
7. How would denial of the match waiver impact the VOCA project?
8. Would the organization have to decline all or part of the grant award if a match waiver is not granted?

**Supporting documentation attached**: [ ]  Yes [ ]  No

**Match Waiver requests not supported by statistics, relevant calculations, funding information, agency annual budgets, or other written documentation will not be considered. However, match waivers requested due to unique circumstances do not require supporting documentation.**

Name of Authorized Authority

Title of Authorized Authority

Signature of Authorized Authority Date