

# VOCA

## MATCH WAIVER REQUEST

**Grant Number:** Click or tap here to enter text.

**Name of Agency:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Name:** Click or tap here to enter text.

**Amount of Grant Funds Requested:** Click or tap here to enter text.

**Amount of Match Required (20%):** Click or tap here to enter text.

**Amount of Match Requested:** Click or tap here to enter text.

**Match Percentage Requested:** Click or tap here to enter text.

**Brief Summary of VOCA project and services provided:**

Click or tap here to enter text.

**Provide justification for match waiver including practical or logistical obstacles to providing match including local resource constraints:**

Click or tap here to enter text.

**If received VOCA previously, how was match met and how has circumstance changed that this match source is now not available?**

Click or tap here to enter text.

**How would a denial of the match waiver request impact this VOCA project?**

Click or tap here to enter text.

**Any additional information that will assist CJJ in reviewing the request?**

Click or tap here to enter text.