



VOCA

MATCH WAIVER REQUEST

Name of Organization:

Grant Number:

Date:

Person Completing Form:

Amount of Grant Funds:

Required Match Percent (20%):

20%

Required Match Amount:

***Match Percent Requested*:**

(Enter number as decimal and will automatically convert to percent)

New Match Amount Required:

Brief Summary of VOCA project and services provided:



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

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

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

Provide additional information that will assist CJI in reviewing the request.