

**MATCH WAIVER REQUEST**

Cal OES Subrecipients may request a partial or full Match Waiver. Approval is dependent on a compelling justification. To request a Match Waiver, the Subrecipient must complete the following:

- 1. STOP Violence Against Women Federal Award Number:
- 2. Cal OES Subaward Number:
- 3. Subrecipient's Name:
- 4. Grant Subaward Performance Period  through
- 5. STOP Funds Awarded: \$
- 6. Amount of Match request to be waived:  \$
- 7. Briefly summarize the services provided:

- 10. Describe practical and/or logistical obstacles to providing match:

Approved

Denied

\_\_\_\_\_ Unit Chief Name

\_\_\_\_\_ Unit Chief Signature / Date