



## Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program Match Waiver Request Form Information and Instructions

Complete all sections of this form using the instructions below. During a National Emergency Pandemic Match Waiver Period (plus one year after the National Emergency Pandemic Period ends) Subrecipients are not required to complete numbers six or seven. This form must be submitted as part of the Grant Subaward Application.

1. **Cal OES Grant Subaward Number:** Provide the Cal OES Subaward number for this Grant Subaward for which you are requesting a match waiver.
2. **Subrecipient Name:** Provide the name of your organization. The name must match the Subrecipient name entered on the Grant Subaward Face Sheet.
3. **Grant Subaward Performance Period:** Provide the Grant Subaward performance period by entering the start and end dates for this Grant Subaward.
4. **VOCA Fund Source #1:** Utilize the dropdown menu to select the VOCA Victim Assistance Formula Grant Program fund source/year for which you are requesting a match waiver.

**VOCA Victim Assistance Formula Grant Program Funds Awarded:** Provide the VOCA Victim Assistance Formula Grant Program award amount received. This amount must match the amount entered on the Grant Subaward Face Sheet.

**Amount of Match Proposed (post approved Match Waiver):** Provide the amount of match that your organization will be providing after the match waiver request for is approved by Cal OES.

5. **VOCA Fund Source #2 (if applicable):** (same as above for Fund Source #1)

**VOCA Victim Assistance Formula Grant Program Funds Awarded:** (same as above for Fund Source #1)

**Amount of Match Proposed (post approved Match Waiver):** (same as above for Fund Source #1)

6. **Briefly summarize the services provided:** Provide a narrative response on the services provided under this Grant Subaward. During a National Emergency Pandemic Match Waiver Period (plus one year after the National Emergency Pandemic Period ends) Subrecipients are not required to complete this portion of the form.
7. **Describe practical/logistical obstacles and/or any local resource constraints to providing match:** Provide a narrative response on practical/logistical obstacles that your organization faces to providing match. (e.g., natural disasters, mass violence incidents, or when public agencies do not engage in private fundraising and may have limitations on soliciting contributing funds) and/or local resource constraints that your organization faces to providing match. (e.g., a rural community with limited local funding availability or volunteer capacity). During a National Emergency Pandemic Match Waiver Period (plus one year after the National Emergency Pandemic Period ends) Subrecipients are not required to complete this portion of the form.



## **Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program Match Waiver Request Form**

Cal OES Subrecipients may request a partial or full match waiver for Victim of Crime Act (VOCA) Victim Assistance Formula Grant Program funds. Approval is dependent on a compelling justification. To request a partial or full match waiver, the Subrecipient must complete the following:

- 1. Cal OES Grant Subaward Number:
- 2. Subrecipient's Name:
- 3. Grant Subaward Performance Period \_\_\_\_\_ through \_\_\_\_\_
- 4. VOCA Fund Source #1:

VOCA Victim Assistance Formula Grant Program Funds Awarded:

Amount of Match Proposed (post approved Match Waiver):

- 5. VOCA Fund Source #2 (if applicable):

VOCA Victim Assistance Formula Grant Program Funds Awarded:

Amount of Match Proposed (post approved Match Waiver):

- 6. Briefly summarize the services provided:
  
  
  
  
- 7. Describe practical/logistical obstacles and/or local resource constraints to providing match:

Approved

Denied

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

Unit Chief Signature \_\_\_\_\_

Date \_\_\_\_\_