

VICTIMS OF CRIME ACT (VOCA) VICTIM ASSISTANCE FORMULA GRANT PROGRAM  
**MATCH WAIVER REQUEST**

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

1. VOCA Victim Assistance Formula Grant Program Award Number:
2. Cal OES Subaward Number:
3. Subrecipient's Name:
4. Grant Subaward Performance Period  through
5. VOCA Victim Assistance Funds Awarded: \$
6. Amount of Cash Match Proposed (post-Match Waiver): \$
7. Amount of In-kind Match Proposed (post-Match Waiver): \$
8. Total Amount of Match Proposed (sum of #6 and #7): \$
9. Briefly summarize the services provided:

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

11. Describe any local resource constraints to providing match:

Approved

Denied

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

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