## 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:

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- 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	d 🗌		
Denied		Unit Chief Name	Unit Chief Signature / Date