VOCA

MATCH WAIVER REQUEST

Grant Number: Click or tap here to enter text.

Name of Agency: Click or tap here to enter text.

Date: Click or tap to enter a date. Name:Click or tap here to enter text.

Amount of Grant Funds Requested: Click or tap here to enter text.

Amount of Match Required (20%): Click or tap here to enter text.

Amount of Match Requested: Click or tap here to enter text.

Match Percentage Requested:Click or tap here to enter text.

Brief Summary of VOCA project and services provided:

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Any additional information that will assist CJI in reviewing the request?

Click or tap here to enter text.