

Match Waiver Request Form

Please fill out one match waiver request per subgrant.

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Date of Request:		
Subgrantee Name:		
Subgrant Number:		
Grant Program Match Waiver Being	\square VOCA	□STOP
Requested for:	\square FVPSA	
Project Period Associated with Waiver:		
Grant Award Amount:		
Amount of Match Required Before Waiver:		
Amount of New Match Requested:		
Amount of Match Provided Prior Year:		
Scope of Waiver RequestedPlease answ	er following 6 qu	estions:
1. How is the grant currently being match	red?	
What extenuating circumstances exist partially or fully match the grants funds recognitions.	•	organization's ability to
partially of fally materialitie grants fallas i	equesteu.	

3. Has the organization considered all possible options for meeting the match with in-kind and cash sources that are not being used as match on another federal grant?
4. What steps does the organization plan to take in order to be able to meet the match requirement in the future?
5. If a match waiver is approved, does the organization anticipate this is a one-time request or are there extenuating circumstances that will require a waiver request next year?

6. How would the denial of a match waiver impact the project?		
Requested by:		
Signature:		
Printed Name:		
Date:		
Organization:		
Approved by or		
Denied by		
Signature:		
Printed Name:		
Date:		
Vermont Center for Crime Victim Services		