



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

Complete all sections of this form using the instructions below. This form must be uploaded in the Grants Central System as part of the Grant Subaward Application.

1. **VOCA Fund Source #1:** Utilize the drop-down 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: Enter the award allocation amount for the fund source identified as VOCA Fund Source #1.
Amount of Match Proposed: Enter the amount of match that your organization will provide for VOCA Fund Source #1.
2. **VOCA Fund Source #2 (if applicable):** Utilize the drop-down menu to select the additional 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: Enter the award allocation amount for the fund source identified as VOCA Fund Source #2.
Amount of Match Proposed: Enter the amount of match that your organization will provide for VOCA Fund Source #2.
3. **VOCA Fund Source #3 (if applicable):** Utilize the drop-down menu to select the additional 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: Enter the award allocation amount for the fund source identified as VOCA Fund Source #3.
Amount of Match Proposed: Enter the amount of match that your organization will provide for VOCA Fund Source #3.
4. **Briefly summarize the services provided:** Provide a narrative response.
5. **Describe practical/logistical obstacles and/or any local resource constraints to providing match:** Provide a narrative response.



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Cal OES Subrecipients may request a partial or full match waiver for Victims 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. VOCA Fund Source #1:
VOCA Victim Assistance Formula Grant Program Funds Awarded:
Amount of Match Proposed:
2. VOCA Fund Source #2 (if applicable):
VOCA Victim Assistance Formula Grant Program Funds Awarded:
Amount of Match Proposed:
3. VOCA Fund Source #3 (if applicable):
VOCA Victim Assistance Formula Grant Program Funds Awarded:
Amount of Match Proposed:
4. Briefly summarize the services provided:
5. Describe practical/logistical obstacles and/or local resource constraints to providing match.