



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

Cal OES Subrecipients may request a partial or full match waiver for Victim 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. Cal OES Grant Subaward Number:
2. Subrecipient's Name:
3. Grant Subaward Performance Period _____ through _____
4. VOCA Fund Source #1:
VOCA Victim Assistance Formula Grant Program Funds Awarded:
Amount of Match Proposed (post approved Match Waiver):
5. VOCA Fund Source #2 (if applicable):
VOCA Victim Assistance Formula Grant Program Funds Awarded:
Amount of Match Proposed (post approved Match Waiver):
6. Briefly summarize the services provided:

7. Describe practical/logistical obstacles and/or local resource constraints to providing match:

Approved

Denied

Unit Chief Name


Unit Chief Signature

Date