\*Agency Letterhead

Date

Agency

Address

City, State ZIP

**RE: VOCA Match Waiver Request – 2020-2021 Award Agency and Grant #**

**Total Amount of Match Needed = $**

**Total Amount of Match Provided = $**

**Total Percentage of Match Provided = $**

**Total Amount of Match Waiver = $**

This request is written on behalf of Agency, a nonprofit organization, to request a match waiver for our VOCA match requirement in the amount of $\_\_\_\_\_\_. The match waiver is requested to alleviate the burden of the increased match due to VOCA funds.

Body of Letter:

* Briefly explain the number of FTE to be funded by VOCA and the services to be provided by VOCA project staff (1-4 sentences).
* If it is difficult to recruit/retain volunteers explain (may be helpful to include some barriers to recruiting, training, or retaining volunteers).
* If match would come from other sources (rather than volunteers, such as cash match) explain the difficulty in meeting match requirements through cash match (non-federal sources).
* Explain how services/programs to victims would suffer if match waiver were not granted.

Summarize request and repeat request for match waiver.

Signature of Project Director or Signing Official