

**NC Governor's Crime Commission
Victims of Crime Act (VOCA) Applications**

Instructions for Requesting a VOCA Match Waiver

Overview

In 2019, the Office for Victims of Crime (OVC) delegated the authority to review and approve match waiver requests for VOCA funds to each state's State Administering Agency (SAA). The NC Governor's Crime Commission (GCC) is NC's SAA and is now responsible for reviewing and approving each match waiver request based on specific criteria set forth by OVC.

The subrecipient may request a waiver up to the full 20% of the total project's matching share if the subrecipient is unable to meet the match requirement (in full or in part) and provides sufficient justification. A full or partial waiver of the match does not increase the federal share of the project.

Instructions

Please note: Generally, GCC and OVC expect subrecipients to provide at least the same dollar amount of match provided during the grant year immediately preceding the year of the waiver request unless the subrecipient documents changes in circumstances that justify a lower amount.

1. Agencies must submit their written requests on agency letterhead and upload it as an attachment to the application in GEMS (Grant Enterprise Management System) at the time of application.
2. If you are applying for waivers for multiple VOCA-funded projects, upload a separate and individualized request letter in GEMS to each project's application for which you are requesting a waiver.
3. A request for a match waiver must meet at least one of the criteria below. Provide evidence for the need for the match waiver by answering the following questions as applicable:
 - a. What practical and/or logistical obstacles does the organization face that impacts your ability to provide match? (*e.g.*, public agencies that do not engage in private fundraising and may have limitations on soliciting contributing funds);
 - b. What local resource constraints does the organization face that impact your ability to provide match? (*e.g.*, rural, community with limited local funding availability or volunteer capacity);
 - c. How have increases to VOCA funding where local funding availability has not increased to the same degree impacted the organization's ability to provide match? If this is the primary rationale for the match waiver, further explain the community's need(s) that led to a request for additional funding;

- d. What constraints does the agency face that have impacted the current ability to provide match at the same levels as previously provided?
4. Describe what steps the organization has taken to meet match requirements and/or to identify additional resources that might be used to provide match.
 5. Describe how the denial of a match waiver would impact the VOCA-funded project. Would the organization not be able to accept the grant without a match waiver?
 6. Finally, you must include completed versions of both tables below with each request.
 - a. **Table 1: List of subrecipient's current application amounts**
The first table should include project costs for all VOCA projects that the organization is applying for in this application cycle and whether a waiver is being requested for each. Then, highlight the project which is the subject of this waiver request.

Project Number	Federal Share	Match Share (Current Budget) (\$)	Match Waiver Request		Post Waiver	
			Cash Match Waiver Amount (\$)	In-Kind Match Waiver Amount (\$)	Post Waiver Match Amount (\$)	Post Waiver Match Amount (%)
Example: PROJ12345	\$100,000.00	\$25,000.00	\$15,000.00	\$3,000.00	\$7,000	5.60%
PROJ012346	\$100,000.00	\$25,000.00	\$25,000.00	\$0	\$0	0.00%
PROJ012347	\$200,000.00	\$50,000.00	\$0	\$0	\$50,000.00	20.00%

b. **Table 2: List of subrecipient's prior approved match waivers**

The second table should include a list of all projects for which your organization has received VOCA match waivers during the previous three grant years (10/1/2017 – present)

Project Number	Start Date	End Date	Federal Share	Dollar amount of Match Waived	Dollar amount of Match Not Waived (if partial waiver)
Example: PROJ011111	10/1/2017	9/30/2019	\$100,000.00	\$25,000.00	\$0
PROJ011155	10/2/2018	9/30/2020	\$160,000.00	\$40,000.00	\$0
PROJ011199	10/1/2019	9/30/2021	\$200,000.00	\$30,000.00	\$20,000.00

REMINDER: If your agency is approved for a waiver of match funding, the Federal share amount that your agency receives will not increase.