**[Add Agency Letterhead]**

[Date]

William J. Scollon, Director

Office for Criminal Justice Programs

312 Rosa L. Parks Avenue

Nashville, Tennessee 37243-1102

Dear Ms. Scollon:

 [Agency Name] is requesting a match waiver for the Fiscal Years of [applicable FY(s)] for funding awarded to [Agency Name] in the total amount of [$ amount]. The funds were awarded under a solicitation for [Open Solicitation Title]. The award of [$ amount] requires a total match of [$ Match Amount]. The funding will support [Brief Summary of Project].

According to section IV.B.b.3 of the ***Final VOCA Victim Assistance Program Guidelines***, “OVC may waive the match requirement if extraordinary need is documented by State VOCA administrators.” As such we are seeking a waiver for the above noted contract.

[Agency Name] relies on funding from OCJP and/or [Other Funding Streams]. [Agency Name] does not have the means to make the match for this VOCA Grant; [why your agency cannot make match (unrestricted funds, volunteer time, in-kind donations, etc. Be descriptive but succinct.)]. If this match waiver isn’t approved, [Agency Name] will not be able to accept the [Project Title] funding.

We believe these funds will significantly improve [Agency Name] support for victims of [Crime Type and County or City]. We hope to reduce as many barriers as possibly to ensure the success of these crucial programs. Please help us address one such barrier in waiving our match requirement.

Thank you for your consideration.

Sincerely,

[Signing Authority]

[Signing Authority’s Title]