**AmeriCorps Montana Program**

**Match Waiver Request Form**

Process:

AmeriCorps Montana programs may request a Match Waiver at the time of application (new, recompete, or continuation). Programs submit this document to the Governor’s Office of Community Service (GOCS) as an additional document during application. If no clarification is needed, then GOCS approves and submits the information to the AmeriCorps Office of Grant Administration on behalf of the program via an online form.

* Be Concise. AmeriCorps has placed undisclosed character limits on each answer field.
* Only narrative responses will be accepted. Charts, tables, or other graphics cannot be submitted.

Background:

This is a process for AmeriCorps State and National (ASN) programs to request an individual match waiver. The intent of this process is for the organization to identify and document the specific circumstances the organization faced or is facing in meeting its match requirement at any point in the organization’s grant.

AmeriCorps State subgrantees should submit their waiver requests to their State Service Commission for review and approval. If the Commission approves the sub grantee(s) waiver request for submission, the Commission will submit the request(s) on behalf of the sub grantee(s) using this link.

Per 45 CFR §2521.70, all four criteria below must be met for ASN grants. While the agency has included some examples of sufficient justifications for each of them, individual grantees' circumstances vary and all justifications will be seriously considered.

AmeriCorps' Office of Grant Administration (OGA) will review and evaluate all justifications provided on this form for sufficiency with the respective regulatory provisions using a prudent person standard. OGA will respond within 30 calendar days of receiving the initial request with a decision or request for additional information. The first four bold print items below are the regulatory criteria, of which all must be met. The remaining eight items provide additional information that must also be completed for all match waiver requests.

1. **The lack of resources at the local level.** [To meet this criterion, please provide a bulleted list of items such as: reduced state or local budget for allowable sources of cash or in-kind match, reduced corporate and/or foundation giving, any other applicable examples of the lack of local resources (such as deep poverty or other economic circumstances]**; and**
2. **That the lack of resources in your local community is unique or unusual.** [To meet this criterion, please provide at least one example such as: a comparison to another nearby community with more resources, a comparison to another point in time for the community(s) served, etc.]**; and**
3. **The efforts you have made to raise matching resources.** [To meet this criterion, please provide a bulleted list of prospective funders who denied requests for funding this year and the amounts of the requests to each funder.]**; and**
4. **The amount of matching resources you have raised or reasonably expect to raise.** [To meet this criterion, please provide a bulleted list of secured or likely funders and the amount you expect to receive from each one.]
5. What is the current match percentage, and what is the desired new match percentage?
6. Bulleted list of proposed activities on the Grantee Share of the budget that would not happen if the waiver is granted.
7. Program year or years for which you are requesting a match waiver.
8. Organization Name.
9. AmeriCorps Grant Number or Application ID if applying for a new grant.
10. Authorized Representative Name [inclusion of the name constitutes certification of accuracy of facts included in this request.]
11. Email address and phone number of Authorized Representative.
12. Date of Request.