**Match Waiver Request**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am an authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Organization Name), and I respectfully request a waiver of the required match for the **Destination Development Grant.**

Our organization is unable to provide the required match due to the following reasons:

*\*Please provide a detailed explanation below including additional details on the local and regional support your project has and identify partnership and synergies that will help assure a successful offering (minimum 3–5 sentences):*

I certify that the information provided in this waiver request is true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (Printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission Instructions:**

* This waiver must be typed on your organization’s official **letterhead**
* It must be **signed and dated** by an authorized representative
* Upload the completed waiver as part of your grant **application attachments**