

## **Total Match Waiver Request**

{Date}

Attn: GO Virginia State Board

The GO Virginia Region {number} Council is requesting a state board waiver of the total match requirement on behalf of {subgrantee} for {project name}. This project is performed on behalf of the following participating localities {list here}.

We are requesting a waiver in the amount of {\$amount} under the following conditions (please check all that apply) and are submitting a project budget aligned with our request. This project represents **fiscal distress and/or exceptional economic opportunity** under one or more of the following criteria (please select all that apply):

$\square$ At least 50% of the participating localities meet the Virginia Economic Development Partnership's
definition for Economic Distress – Double Distress. (A locality with an unemployment rate above the
average statewide unemployment rate and with a poverty rate above the statewide average poverty
rate.)

☐ This application demonstrates strong alignment with primary GO Virginia program goals check all that apply).

- a. Regional Collaboration Majority of the match being contributed is local match (cash or in-kind).
- b. Industry Cluster Engagement Majority of match contributions for this effort are being contributed by industry partners.
- c. Job Growth Accelerator This project will increase employment in the {industry cluster name as stated in the regional G&D Plan} by at least 10% over a base (see most recent G&D plan for baseline numbers).
- d. Transformational Economic Diversification This project will lead to growth in a new or emerging industry cluster {industry cluster name as stated in the regional G&D Plan} with the potential to significantly diversify the regional economy.

☐ This application aligns with the Commonwealth's InnoVAtive Framework for Economic I	•
and will support the expansion of the knowledge sector, manufacturing, or logistics indust  This application will enable the subgrantee to leverage this award to pursue a nonstate	•
opportunity in an amount at least two times the amount of this grant request. This award the nonstate funding opportunity must be made within 12 months of the State Board app project.	

Please briefly describe the non-state source and timing of that funding decision.

{Regional Council Chair Signature}