



# CRIMINAL JUSTICE COORDINATING COUNCIL

104 Marietta Street, NW • Suite 440 • Atlanta, GA • 30303-2743  
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## Waiver Request Form for Late Reports

The Criminal Justice Coordinating Council requires subgrantees to abide by all the requirements outlined in their grant program's special conditions. Consequently, the CJCC requires that all grant applications, award packages, and subgrant reports be submitted on time or the subgrantee is subject to progressive penalties as outlined in the Subgrantee Programmatic and Fiscal Compliance Policy.

However, on rare occasions, subgrantees may experience unprecedented and unpredictable events that will preclude them from complying with their special conditions or from submitting their fiscal and/or programmatic reports on time. CJCC will consider such circumstances and grant a waiver for the late submission of **all reports with the exception of competitive grant applications**. Please check the box below of the circumstance in which this waiver will be submitted:

Natural disaster that substantially affected your agencies operations

Sickness, injury or death of the Project Director or members of his/her immediate family

Major criminal events that require substantial staff resources

Catastrophes, fires, vandalism that results in substantial damage to the agency's resources and thus ability to comply with programmatic or fiscal reports

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agencies must also submit support documentation along with this waiver request form to justify the nature of the request no later than ten (10) days after the reporting deadline has expired. In addition the late report(s) should also be submitted along with a written explanation of the event(s) that prevented the subgrantee from submitting a timely report.

**Current Grant Number:** \_\_\_\_\_

\_\_\_\_\_  
**Print Authorized Official or Project Director**

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

\_\_\_\_\_  
**Signature of Authorized Official or Project Director\***

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

*\*By signing this document, I am certifying that the information listed above is true and accurate.*

### FOR CJCC USE ONLY

	Approval	Disapproval	Reviewer Signature	Date
Reviewed by:	_____	_____	_____	_____
Authorized by:	_____	_____	_____	_____