



Juvenile Justice Waiver Request Form

Reporting Period: _____ thru _____

Per the Special Conditions of the Juvenile Justice grant award(s),

“25% of the awarded funding must be expended each quarter. Any unused funds will be retained by the Council to be managed by the Juvenile Justice Funding Committee.”

As such, if your court did not expend **and** request reimbursement for 25% of the original award amount for the current quarter, any unexpended funds for the quarter will be de-obligated and reallocated to ensure optimal utilization of appropriated state grant funds.

If your agency expended grant funds during the quarter that have not been accounted for as part of your reimbursement request, or if there are extenuating circumstances that warrant consideration, you must submit this form, along with a Subgrant Adjustment Request (SAR), and any supporting documentation to substantiate your request to retain any unexpended funds for the respective period.

This waiver request and the supporting documentation should be submitted along with your monthly/quarterly expenditure report. **The submission deadline for expenditure reports and waiver request forms will be the same for each reporting period.** Any waivers submitted after the deadline for the respective reporting period **will not** be considered. The supporting documentation must provide a detailed explanation of the event(s) that prevented the grantee from fully expending 25% of the original award amount. Waivers will not be accepted for 3rd and 4th quarters.

Please note: All waivers will be reviewed and/or granted at the discretion of the Juvenile Justice Funding Committee

Please check one of the following:

- Funds encumbered during the quarter (supporting documentation required for consideration (i.e., invoices)
- Other (delayed implementation, etc.) Please provide an explanation on the respective SAR.

Waiver Amount \$ _____

Project Name: _____ Subgrant Number: _____

Signature of Authorized Official or Project Director*	Title	Date
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*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:	_____	_____	_____	_____