



NCRAAB NON-PROFIT MATCHING GRANT PROGRAM
FY25-26 PROGRAM ELIGIBILITY WAIVER FORM

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| Agency Name: | |
| Program Name, (if different): | |
| Name of Person Completing this Form: | |

| Waiver Request | |
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| Non-Profit has been active less than two years? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Established <input type="text"/> |

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| If "No" is answered to any of the following questions please describe (1) what your Agency status is to achieve these standard eligibility requirements and (2) identify the current barriers your Agency's is experiencing preventing achievement of these standard eligibility requirements. | |
| The Agency is a member of The Giving Partner? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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| The Agency has an active, 5-member board with no conflict of interest? * | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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| The Agency Board has an established approved Fundraising Plan? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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| The Agency has less than a 30% administrative and fundraising rate? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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| The Agency willing to achieve these standards in the future? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
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**Conflict of interest is defined as a situation in which the board member is involved in multiple interests in relation to their board service, financial or otherwise, such that their decision-making on the board may inure to his or her private gain or loss. For example, a relative of the Agency staff serving on the board.*