

**Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP)**  
**Match Waiver Request Form**

The purpose of this form is to allow GEAR UP grantees to take advantage of the program match requirement flexibilities provided by section 3518(b) of the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Grantee name: \_\_\_\_\_ PR/Award Number: \_\_\_\_\_

**Section 1: Calculating the Amount of Match to Request Waived**

Row 1	Full award amount for entire length of project: (From your approved application.)	\$ _____
Row 2	Project start date: (See GAN box 6.)	_____
Row 3	Project end date: (See GAN box 6.)	_____
Row 4	Total number of days in project: <sup>1</sup>	_____ days
Row 5	Daily match requirement: (Divide the amount in row 1 by the number of days in row 4.)	\$ _____
Row 6	Requested <u>start</u> date for waiver of matching requirement: (Select March 13, 2020 or specify another later date. March 13, 2020 is the earliest start date that may be requested as the date of declaration of a national emergency due to the pandemic.)	<input type="checkbox"/> <b>March 13, 2020</b> <input type="checkbox"/> Other date: _____
Row 7	Requested <u>end</u> date for waiver of matching requirement: (Select September 30, 2022 or specify another earlier date. September 30, 2022 is the latest end date that may be requested under CARES Act § 3518(b).)	<input type="checkbox"/> <b>September 30, 2022</b> <input type="checkbox"/> Other date: _____
Row 8	Number of days between the date entered in row 6 (requested start date) and the date entered in row 7 (requested end date): (If you selected “March 13, 2020” in row 6 and “September 30, 2022” in row 7, select “932 days” in this row, otherwise enter the calculated number of days.)	<input type="checkbox"/> <b>932 days</b> <input type="checkbox"/> _____ days
Row 9	Maximum matching requirement that may be waived. (Multiply the amount in row 5 by the number of days in row 8.)	\$ _____

<sup>1</sup> There are various online calculators to simplify this calculation.

**Section 2: Requested Waiver of Matching Requirement**

I request a waiver of \_\_\_\_\_ (*specify percentage*) of the matching requirement specified in Section 1, Row 9 for the GEAR UP award specified above as a result of the COVID-19 pandemic for the period beginning on date specified in Section 1, Row 6 and ending on the date specified in Section 1, Row 8.

**Section 3: Certifications**

I understand that any waiver provided will be time limited and will not cover the full project period.

I certify that to the maximum extent practicable, my project will continue to serve the same number of students and maintain the quality and intensity of the services provided to such students.

If my project includes participation in the GEAR UP scholarship component, I certify that the project will maintain compliance with the requirements of the scholarship component described in 20 U.S.C. § 1070a-25 and implementing GEAR UP regulations in 34 C.F.R. part 694.

I further certify that if my State project did not receive a waiver of the scholarship component, that project will continue to provide GEAR UP students with scholarships as required by 20 U.S.C. § 1070a-25(b)(2) and 34 C.F.R. § 694.14(c).

To the best of my knowledge and belief, all of the data and information in this submission are true and correct and I acknowledge that failure to submit accurate data or information may result in liability under the False Claims Act, 31 U.S.C. § 3729, *et seq.*; OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement) in 2 C.F.R. part 180, as adopted and amended as regulations of the Department in 2 C.F.R. part 3485; and 18 U.S.C. § 1001, as appropriate, and other enforcement actions.

Name of Authorized Representative (typed):

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Signature of Authorized Representative (signed):

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Date:

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### **Public Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0854. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (Coronavirus Aid, Relief, and Economic Security (CARES) Act). If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application or survey, please contact Ben Witthoefft ([Ben.witthoefft@ed.gov](mailto:Ben.witthoefft@ed.gov)) directly.