**Request for Alternative Match Schedule**

**Legal Applicant Organization:**

**Program Name:**

**Instructions**: You must respond to each question below on this form. Please include both the question and your response in your request. Please limit your response to 4 double-spaced pages maximum.

1. **Basis of Request**
2. Identify the basis for your request as either a rural county or a severely economically distressed community as described above.
3. Describe where your program operates and include the address of the legal applicant.
4. **Rural Counties**
5. Describe the economic conditions.
6. Confirm that your county has a Beale code of 6, 7, 8, or 9.
7. **Economically Distressed Counties**
8. Provide your level of county per-capita income and poverty and unemployment levels.
9. Demonstrate that the income levels are above or below the national averages. Identify the data source(s) used to make your determination.
10. Provide any other statistics you deem relevant to demonstrate your county is economically distressed.
11. **Program Location**

If you believe the location of your program should not be based on the address of the legal applicant, describe your justification for requesting an alternative location(s).

1. **Other**

Provide any other justification and information for your request that is not presented in the responses to the above.