**HHS Conference Request for Waiver**

Applicable when the Net Expenses are expected to exceed $475,000

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| **Operating/Staff Division Information** |
| Operating or Staff Division |  |
| Office |  |
| **Conference Description** |
| Title/Topic |  |
| Purpose of Conference |  |
| Dates To Be Held (DD/MM/YYYY) | From: |  | To: |  |
| **Cost Information**  |
| Total Estimated Cost | $ |
| Basis of Estimate(Insert a summary description of the total estimated costs and the basis for the estimate)  |  |
| Description of Measures Used to Reduce/Minimize Costs(Include a summary of the options considered to reduce the costs (attendees, venue location, number of days, speaker costs, etc.) and the rationale for selecting or not implementing each option.) |  |
| **Description of Exceptional Circumstances**(Insert a description of the exceptional circumstances that exist whereby spending in excess of $475,000 on this single conference is the most cost-effective option to achieve a compelling purpose and an explanation of the impacts of either not funding the conference or reducing the approved funding amount below $475,000.) |
|  |
| **Requestor Information** |
| Name |  |
| Title |  |
| Office |  |
| Signature |  |
| **OPDIV/STAFFDIV Approval** |
| **Recommendation**(Insert a statement explaining or stating the OPDIV/STAFFDIV Head’s recommendation for approval) |  |
| OPDIV/STAFFDIV Head Signature |  |
| Date |  |
| **Secretary Approval** |
| Concur |  |  | Non-Concur |  |  |
| Signature |  |
| Date |  |
|  |  |