**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.) | | | | | | | | | | | |
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| **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 | |  | | | | | | | | | |
|  | |  | | | | | | | | | |