GRANTEE/CONTRACTOR SECTION – TO BE COMPLETED BY THE REQUESTOR	
Name of Facility/Provider:	Primary Point of Contact (POC) Name:
Address of Facility/Provider:	POC Phone No and Email:
Type of Facility/Provider: Choose an item.	POC Title:
WAIVER REQUEST #1	
☐Initial Request ☐ Renewal Request Date of Initial Request _____ Date of Renewal(s) _____; _____; _____	Requested Timeframe of Waiver:
Specific waiver being requested:	
Why is the waiver needed (Specific provision unable to meet and why):	
What other provisions or mitigations can be implemented to maintain quality or reduce risk, including related state licensing requirements that will be adhered to?	
WAIVER REQUEST #2	
☐ Initial Request ☐ Renewal Request Date of Initial Request _____ Date of Renewal(s) _____; _____; _____	Requested Timeframe of Waiver:
Specific waiver being requested:	
Why is the waiver needed (Specific provision unable to meet and why):	
What other provisions or mitigations can be implemented to maintain quality or reduce risk, including related state licensing requirements that will be adhered to?	
WAIVER REQUEST #3	
☐ Initial Request ☐ Renewal Request Date of Initial Request _____ Date of Renewal(s) _____; _____; _____	Requested Timeframe of Waiver:
Specific waiver being requested:	
Why is the waiver needed (Specific provision unable to meet and why):	
What other provisions or mitigations can be implemented to maintain quality or reduce risk, including related state licensing requirements that will be adhered to?	

OFFICE OF REFUGEE RESETTLEMENT (ORR) SECTION – TO BE COMPLETED BY APPROVER		
WAIVER REQUEST #1		
☐ Approved	☐ Denied	☐ Approved with conditions:
WAIVER REQUEST #2		
☐ Approved	☐ Denied	☐ Approved with conditions:

WAIVER REQUEST #3		
☐ Approved	☐Denied	☐Approved with conditions:
PLAN OF SUPERVISION/TRAINING		
☐ Select if a plan of supervision or training is attached to this form		