Attachment B: NIH Conference Request for Waiver Applicable when the Net Expenses are expected to exceed \$500,000

Opfrice Conference Description Title/Topic Purpose of Conference Dates To Be Held (DD/MM/YYYY) 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 Description of Exceptional Circumstances Unsert a description of the exceptional circumstances that exist whereby spending in excess of \$500,000 on this single conference is the most cost-effective option to achieve a compelling purpose and an explanation of the impacts of either not	Operating/Staff Division Information							
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Requestor Information							
Name							
Title							
Office							
Signature							
OPDIV / STAFFDIV Approval							
I/C Executive Officer							
Timed Name	Cianatura		Data				
Typed Name Head of the Contracting Activity	Signature		Date				
(Required for all Meetings/Conferences ≥ \$25K)							
Diane J. Frasier							
Name	Signature		Date				
Deputy Director for Management							
(Required for all Meetings/Conferences ≥ \$25K)							
Colleen Barros							
Name	Signature		Date				
NIH Director							
(Required for all Meetings/Conferences ≥ \$25K)							
Francis S. Collins, M.D., Ph.D.							
Name	Signature		Date				
HHS Secretary Approval							
(Required if Total Estimated Cost Exceeds \$500K; and submission of Attachment B – Conference Request Waiver)							
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[] Concur	[] Non-Concur Waiver Approval Date:						
Kathleen Sebelius							
Natificell Jebellus							
Typed Name	Signature		Date				