

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

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			
Description of Exceptional Circumstances			
(Insert 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			

Requestor Information	
Name	
Title	
Office	
Signature	

OPDIV / STAFFDIV Approval
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<b>I/C Executive Officer</b>		
Typed Name	Signature	Date
<b>Head of the Contracting Activity</b> (Required for all Meetings/Conferences ≥ \$25K)		
Diane J. Frasier		
Name	Signature	Date
<b>Deputy Director for Management</b> (Required for all Meetings/Conferences ≥ \$25K)		
Colleen Barros		
Name	Signature	Date
<b>NIH Director</b> (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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<input type="checkbox"/> Concur	<input type="checkbox"/> Non-Concur	Waiver Approval Date:
Kathleen Sebelius		
Typed Name	Signature	Date