

# HHS Acquisition Plan Waiver Request Template and Instructions

**Purpose:** This document provides the template and associated instructions for completing a request for a waiver of the requirement to complete a written Acquisition Plan (AP).

**Requirements and Responsibilities:** Health and Human Services Acquisition Regulation (HHSAR) 307.7101(a) requires preparation of an AP to support proposed acquisitions expected to exceed \$500,000 (inclusive of options), with certain exceptions. In urgent or other justifiable cases, such as an emergency acquisition, HHSAR 307.7101(b) provides that the Head of the Contracting Activity (HCA) may waive, in writing, the requirement to complete an AP.

When a waiver is deemed necessary, OPDIVs shall prepare the waiver request using the following standard template and instructions and provide the request to the HCA for review. The instructions are specified in “red” and should not be part of the completed waiver request. The HCA shall indicate approval/disapproval of the waiver request as provided in the template.

If the HCA approves the waiver request, a copy must be provided to the Assistant Secretary for Administration and Management, Office of Acquisition Management and Policy, within 5 business days after approval.

## AP Waiver Request Template Preparation Instructions

Complete the template as follows and provide the completed template to the HCA.

- a. **“To:”** Insert the name of the HCA and his/her organization’s name.
- b. **“From:”** Insert the name of the responsible Contracting Officer (CO) or Chief of the Contracting Office (CCO), as appropriate (see e. below), and his/her organization’s name.
- c. **“Acquisition Summary:”** Provide the information requested, if available, in the spaces/blocks provided. Reference and attach any additional information necessary to explain the acquisition.
- d. **“Waiver Request Rationale:”** Check the appropriate block supporting the waiver request and provide the detailed justification in the space provided. Reference and attach any additional information necessary to justify the waiver request.
- e. **“Officials’ Signatures:”** Specify the names, titles, and signatures of the officials who are requesting the AP waiver in accordance with the signature requirements specified in HHSAR 307.7101(b) and OPDIV policies. **NOTE:** In circumstances where the CCO must also sign the request, that official should be cited in the “From” line of the template.
- f. **“HCA Decision:”** The HCA must indicate in the appropriate block whether the waiver request is approved or disapproved and sign and date the template in the blocks provided. If disapproved, the HCA must explain why the request was not approved.

**AP Waiver Request Template**

**To:**

**From:**

**Subject:** Acquisition Plan (AP) Waiver Request

The purpose of this memorandum is to request a waiver of the requirement to complete an AP for the proposed acquisition in accordance with HHSAR 307.7101(b). The specifics of the acquisition and the rationale for the waiver request are provided below.

**Acquisition Summary:**

- Project title: \_\_\_\_\_

- Project description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Estimated contract obligations (if other than one year increments, specify the number of months):

Year 1	Year 2	Year 3	Year 4	Year 5	Total
Months:	Months:	Months:	Months:	Months:	Months:
\$	\$	\$	\$	\$	\$

As applicable, provide a separate breakout below for the estimated dollar amount of option periods and/or option quantities and their proposed periods of performance.

Options	Totals
	\$
	\$
	\$
	\$
	\$

Total estimated contract amount including option periods/quantities: \$ \_\_\_\_\_

- Estimated start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

- Requirement type:
  - R&D
  - R&D support services
  - Support services (non-R&D)
  - Supplies/equipment
  - Construction
  - A & E Services
  - Design-build
  - Other (specify): \_\_\_\_\_
  
- Proposed action is a:
  - New requirement    Follow-on    Other (specify): \_\_\_\_\_
  
- Proposed solicitation type and acquisition method:
 

<input type="checkbox"/> Request for proposal:	<input type="checkbox"/> Competitive	<input type="checkbox"/> Noncompetitive
<input type="checkbox"/> Request for quotation:	<input type="checkbox"/> Competitive	<input type="checkbox"/> Noncompetitive
<input type="checkbox"/> Task/delivery order (specify): _____	<input type="checkbox"/> Competitive	<input type="checkbox"/> Noncompetitive
<input type="checkbox"/> Commercial item acquisition	<input type="checkbox"/> Competitive	<input type="checkbox"/> Noncompetitive
<input type="checkbox"/> Broad Agency Announcement		
<input type="checkbox"/> Sealed bid		
<input type="checkbox"/> Other (specify): _____		
  
- Proposed contract/order type: (check all that apply)
  - Firm-fixed-price
  - Other fixed-price (specify, e.g., FPAF, FPIF) \_\_\_\_\_
  - Cost-Plus-Fixed-Fee
  - Other Cost Reimbursement (specify, e.g., CPAF, CPIF) \_\_\_\_\_
  - Time and Materials
  - Indefinite Delivery (specify whether Indefinite Quantity, Definite Quantity, or Requirements): \_\_\_\_\_
  - Other (specify) \_\_\_\_\_
  - Completion form       Term form
  
- If a competitive acquisition, will it be set aside?    Yes    No   If "Yes," indicate set-aside type:
  - 8(a)
  - HUBZone
  - Service-disabled veteran-owned small business
  - Small business
  
- If a noncompetitive acquisition, summarize the basis for that approach and indicate proposed source(s). **NOTE:** Approval of a waiver request does not constitute approval of any JOFOC submitted for this acquisition.

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**Waiver Request Rationale:**

- Key rationale for the waiver request:
  - Unusual and compelling urgency (FAR subpart 6.3)
  - Emergency acquisition (FAR part 18)
  - Other justifiable reason (specify): \_\_\_\_\_

- Specific facts and circumstances supporting the waiver request:

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**Officials' Signatures:**

OFFICIALS	NAME AND TITLE	SIGNATURE	DATE
Project Officer			
Project Officer's Immediate Supervisor			
Head of the Sponsoring Program Office			
Contracting Officer			
Chief of the Contracting Office			

**HCA Decision:**

- Waiver request is approved
- Waiver request is disapproved

Reason for disapproval:

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HCA NAME AND TITLE	SIGNATURE	DATE