

**Attachment 2 -- Appropriations Law Compliance Review  
Waiver Request**

Operating/Staff Division Information	
Operating or Staff Division	
Contracting Office	
Modification Information	
Project Title	
Purpose	
Description of Exceptional Circumstances	
<p>Insert a description of the exceptional circumstances that justify requesting a waiver (can attach additional pages if necessary).</p> <p><input type="checkbox"/> Timing (e.g., the proposed modification modifies the same contract as an identical modification that received OGAPA's concurrence within the last six months)</p> <p><input type="checkbox"/> Identical or similar nature (e.g., the concurrent modification of identical multiple award contracts).</p> <p><input type="checkbox"/> Other</p>	
HCA	
Recommendation (Insert a statement explaining the recommendation for approval)	
HCA Signature (non-delegable)	
Date	
OGAPA	
Concur <input type="checkbox"/> <span style="margin-left: 200px;">Non-Concur <input type="checkbox"/></span>	Signature _____
Date	_____