**Attachment:  Optional FDPIR Administering Agency Waiver Request Sample Template**

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| **Agency Information** | |
| Date (MM/DD/YYYY): | Click or tap to enter a date. |
| FDPIR Administering Agency: |  |
| Submitter Name & Title: |  |
| Submitter Email Address: |  |
| **Waiver Request** | |
| Current Regulatory Cite (e.g., 7 CFR 253.\_\_\_): |  |
| Brief 1-2 Sentence Summary of Waiver Request: |  |
| Proposed Waiver Start Date (MM/DD/YYYY): | Click or tap to enter a date. |
| Proposed Waiver End Date (MM/DD/YYYY): | Click or tap to enter a date. |
| Reason(s) why waiver is needed: |  |
| Anticipated impact on participants/potential participants: |  |
| Please provide a detailed explanation of the proposed alternative provision to be used in lieu of the waived or modified regulatory provision. |  |

**Additional Information**

To ensure consideration of the administering agency’s waiver request, please select at least 1 of the of the 3

below options (you may select more than 1 option):

|  |  |
| --- | --- |
| ​​ | The specific regulatory provision cannot be implemented due to extraordinary temporary situations. |
| ​​ | The proposed waiver would result in more effective and efficient administration of the program. |
| ​​ | Unique geographic conditions within the geographic area served by the administering agency preclude effective implementation of the specific regulatory provision and require an alternative procedure. |
| Please provide an explanation/further detail for each checked box. Additional, supplemental information is welcomed: | |
|  | |

**Submission**

​​ By checking this box, I acknowledge and agree to the following on behalf of the FDPIR administering agency:

* The administering agency cannot request a waiver of a statutory requirement applicable to FDPIR, such as the prohibition on dual participation with SNAP;
* The waiver will not result in material impairment of any statutory or regulatory rights of participants or potential participants; and
* During and after the waiver period, the administering agency will submit relevant data to USDA FNS upon request.

**Please save the completed waiver request and submit it via email to your FNS Regional Office.** You may wish to optionally email additional supporting information as well.FNS will consider approval of waivers for a period not to exceed one year unless the waiver is for an ongoing situation. If the waiver is requested for longer than a year, appropriate justification is required and FNS will determine if a longer period is warranted.