

Waiver Request Form

Complete this form to submit a waiver request. Please reference the applicable program Notice of Funding Opportunity (NOFO) for NTIA waiver guidelines.

1. **Date of Submission:** _____

2. **Program:** _____

3. **Entity Name:** _____

4. **Point of Contact:**

a. Name: _____

b. Title: _____

c. Primary Phone Number: _____

d. Email: _____

5. **Project Identification:**

a. Project Title: _____

b. Project Identification Number: _____

6. **NOFO Provision Applicable to Requested Waiver:**

7. **Confirmation that Eligible Entity Is Not Seeking Waiver of a Statutory Requirement:**

Affirmed

8. **Justification:**

Signature: _____

