

**HIGH INTENSITY DRUG TRAFFICKING AREA
Program Requirement Waiver Request**

HIDTA: _____ **Program**
Year: _____

Initiative Name: _____

1. **Policy requirement for which waiver is requested (Indicate section and page number):**

2. **Justification: Justification must: (1) explain why the policy requirement cannot be met; and (2) describe the impact on the HIDTA if the waiver is not granted.**

Requested by: _____ **Date** _____

Date Executive Board Approval Obtained: _____

ONDCP Action:

Approved _____ **Date** _____

Disapproved _____ **Date** _____

Reason for Disapproval:

Michael K. Gottlieb
National HIDTA Director
Programs Office
ONDCP