

HIGH INTENSITY DRUG TRAFFICKING AREA
Program Requirement Waiver Request

Date:

HIDTA:

Program Year:

Initiative Name:

1. Policy requirement for which waiver is requested (Include section number):

2. Justification: (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 Executive Board Approval Obtained:

ONDCP Action:

Approved _____

Date _____

Disapproved _____

Date _____

Reason for Disapproval: _____

Shannon Kelly
National HIDTA Director
ONDCP