# United States Fish and Wildlife Service

## Request of Exception to Cost Recovery Policy

| | |
|---|---|
| **Requesting Organization:** | **Date:** |
| **Regional or Program Contact:** | **Signature:** |
| **Contact e-mail:** | **Contact Phone:** |
| **Cooperator Name:** | |
| **Total Agreement Amount:** | **Cost Structure:** |
| **Requested Cost Recovery Rate:** | **Total Exemption Amount:** |

**Project Description:**

**Exempt Justification:**

**Regional Approval**

Program ARD: _____ Date: _____

ARD Budget and Administration: _____ Date: _____

Regional Director: _____ Date: _____

FWS Form 3-2208
REV 09/10

**Washington Office Approval**

**W O Recommended Cost Recovery Rate:**

Justification for Recommended Cost Recovery Rate:

**Approved Cost Recovery Rate:**

**Approval Good through September 30th**

**Signatures:**

Chief, Division of Financial Management: _____

Assistant Director, Business Management and Operations: _____

Assistant Director: _____

Director, United States Fish and Wildlife Service: _____

Print Form