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U.S. Fish and Wildlife Service

Financial Assistance Recipient Data Universal Numbering System (DUNS)/ System for Award Management (SAM) Registration Waiver

WAIVER REQUEST (to be completed by program & signed by HQ/Regional Directorate member):

Recipient Name: _____

Requestor Name: _____

Requestor Program: _____ Region: _____

Requestor Phone: _____

In accordance with Service policy 516 FW 5 and based on the entity's attached justification, the program finds the following criterion is met (select one):

☐ The Service must protect information about the entity from disclosure to avoid compromising classified information or national security or jeopardizing the personal safety of the entity's clients; or

☐ The recipient is a foreign entity selected to receive an award for less than $25,000 for a project or program it will perform outside the United States, and for whom the Service determines it is impractical to register in SAM. NOTE: Any SAM waiver approved based on this criterion alone is automatically revoked if revisions result in the cumulative award total becoming equal to or greater than $25,000.

We request this entity be waived from (select one):

☐ DUNS and SAM registration.

☐ SAM registration only. The entity's DUNS number is: _____

_____ _____

HQ/Regional Directorate Member Signature Date

Printed Name/Title of person signing: _____

WAIVER REVIEW (to be completed by Headquarters in WSFR, Branch of Financial Assistance Policy and Oversight (FAPO):

The WSFR Branch of Financial Assistance Policy and Oversight (FAPO) finds that:

The entity ____ IS/____ IS NOT registered in DUNS.

The entity ____ HAS/____ HAS NOT previously registered in SAM (no active or inactive registration).

If a foreign entity, the entity ____DOES/____ DOES NOT have an open award over the $25,000 per award limit.

FAPO recommends to the Assistant Director - WSFR that this request be ____approved/____denied.

WAIVER DETERMINATION (to be completed by AD-WSFR):

This request is ____ APPROVED/____ DENIED. If denied, the entity must register in SAM.

_____ _____

Assistant Director, Wildlife and Sport Fish Restoration Program Date

Once a waiver determination is made, place and maintain this form and attached justification in the official award file.