

TEMPORARY WAIVER OF PROJECT OFFICER TRAINING REQUIREMENT

A temporary waiver from the training requirement prescribed in HHSAR 307.170-1 is requested for:

Project Officer Name (Type or Print) Contract No. (or RFP No.)

Justification for the waiver: SAMPLE LANGUAGE (This employee is a newly appointed project officer who has not had an opportunity to receive training prior to beginning his/her duties as project officer for this contract. This employee has been scheduled to take the next available project officer training course.)

To be completed by the Project Officer:

I am scheduled to take the Basic Project Officer course beginning on _____.
(Month/Day/Year)

I certify that I have read and studied the latest edition of the DHHS Project Officer’s Contracting Handbook and agree to take the required training course.

Project Officer’s Signature _____ Date: _____

To be completed by the Contracting Officer:

I certify that the prospective project officer has met with contracting personnel to review the Handbook and to discuss the important aspects of the contracting/program office interactive relationship.

Contracting Officer’s Signature _____ Date: _____

To be completed by the Head of the Contracting Activity (HCA):

In accordance with the authority set forth in HHSAR 301.170-1 the above named individual is:

() granted a temporary waiver from the DHHS project officer training requirement. This waiver expires 6 months from the approval date.

() denied a waiver for the following reason: _____

HCA’s Signature _____ Date _____