

REQUEST FOR A DIRECT SERVICE WAIVER

_____ hereby requests a waiver of the requirement to
(Area Agency on Aging)
award sub grants or contracts to service providers for the services identified in this
request.

1. Identify the service(s) to be delivered by the Area Agency.

2. Identify criteria for which the waiver is warranted:

a. Provision of the service(s) by the Area Agency on Aging is necessary to assure an adequate supply of such service.

b. The service(s) is directly related to the Area Agency on Aging's administrative functions.

c. The service(s) can be provided more economically, and with comparable quality, by the Area Agency on Aging.

3. Describe the rationale for the identified criteria (this must be completed for each service):

Signature and Title of Authorized Official

Date

