

APPLICANT INFORMATION

Recipient Name	Grant Award #
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Complete this form to request an exemption to the \$35 per hour instructor rate.

Instructor

Total Amount	Rate per 8-hour day
\$	\$

Service Provided

Name

Grant Start Date	Grant End Date
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Attach the following:

- Detailed description of the service provided by the Instructor and a justification for the rate above \$35 per hour.
- Documentation showing the rate charged is the instructor's normal rate for the services described.

Recipient Signature – Individual must be on the POST DLGP Signature Authorization Form

I certify that the instructor rate requested is the most advantageous that could be obtained for the services provided.

Typed Name	Title
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Signature	Date
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POST APPROVALS

Yes N/A

- Justification supports the need for an exemption to the maximum rate
 Documentation supports that the rate is normal for the instructor

Program Manager	Date
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Bureau Chief	Date
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