## City of Salem Federal Programs Request for Waiver of Policy

Organization:			
Organizational Address:			
	(Number and Street)		
	(City)	(State)	(Zip)
Contact Person/Title:			
Phone:		Email:	
Project/Program:			
Funding Awarded: H	OME CDBG	General Fund	Funding Plan Year:
Waiver Requested:			
Rationale For Waiver:			
•		•	Programs Policy Waiver request.
(2) In the event that the r denied.	equest for a waiver	of regulation and	d/or HUD guidance, the waiver will be
		'necessary" to con	nplete a project and there is no other way for
Sig	gnature		Date

Date

Approval Signature