**Review Copy of NSCHC Waiver Request Form**

**Updated 2/21/2025**

**For informational purposes only, not for submission. Formal NSCHC waiver requests must be submitted using the** [**AmeriCorps online form**](https://forms.office.com/g/A918edpJH3)**.**

**Contact** [**NSCHCWaiverRequest@americorps.gov**](mailto:NSCHCWaiverRequest@americorps.gov) **for assistance.**

Effective May 1, 2021, AmeriCorps may waive provisions of NSCHC for good cause, or for any other lawful basis (45 CFR §2540.207).

**Only prime grant recipients may apply for a waiver.** Prime grantees must submit requests on behalf of a subrecipient.

AmeriCorps will notify you regarding the determination of your request. If approved, AmeriCorps will identify the effective start and end dates for the waiver. Waivers may not be applied retroactively to any NSCHC that were completed prior to receiving the waiver approval. Please review the AmeriCorps [NSCHC Manual](https://www.americorps.gov/sites/default/files/document/NSCHC-Manual_OM.pdf) and [FAQs](https://www.americorps.gov/sites/default/files/document/NSCHC-FAQs_OM.pdf) for information regarding existing requirements.

This Microsoft Word version is a review copy only. You must submit your request using the [online NSCHC Waiver Request Form](https://forms.office.com/g/A918edpJH3). You can use this Word version to prepare your responses. You will receive a copy of your responses in an email from "Microsoft Power Apps".

Instructions:

1. Please complete and submit the online form in its entirety.
2. Please indicate if supplemental documentation related to this waiver request has been sent to [NSCHCWaiverRequest@americorps.gov](mailto:NSCHCWaiverRequest@americorps.gov).
3. If you need technical assistance, email [NSCHCWaiverRequest@americorps.gov](mailto:NSCHCWaiverRequest@americorps.gov). This email is monitored daily by AmeriCorps staff and a response will be provided within 1-3 business days

Upon receipt of this information, we will review and respond to your request, including requesting additional information if needed. You may expect an initial response from AmeriCorps within 3-5 business days.

**Copy of Online Form Sections**

AmeriCorps Grant Recipient Certification:

Acknowledge the following terms by indicating "Yes". The Waiver request will be denied if the terms are not acknowledged with a "Yes".

1. I understand that NSCHC files may be found noncompliant if the terms of an approved waiver are not followed. Noncompliance can result in enforcement actions, such as cost-based disallowance.

2. I understand that NSCHC files may be found noncompliant if the recipient does not follow all other applicable NSCHC compliance requirements. Noncompliance can result in enforcement action, such as cost-based disallowance.

AmeriCorps Grant Recipient Submitting Individual

3. Submitted by (First and Last Name)

Click or tap here to enter text.

4. Submitter Email

Click or tap here to enter text.

5. Submitter Position Title

Click or tap here to enter text.

6. Name of AmeriCorps Portfolio Manager

Click or tap here to enter text.

Grant Program Information

Reminder: Only prime grant recipients may apply for a waiver. Prime grantees must submit requests on behalf of a subrecipient. AmeriCorps will not accept Waiver Request Forms received by subrecipients.

7. Prime Grant Number(s).

*Enter all grants where this waiver is needed.*

Click or tap here to enter text.

8. Legal Organization Name

Click or tap here to enter text.

9. EIN (Employer Identification Number)

Click or tap here to enter text.

10. UEI (Unique Entity Identifier)

Click or tap here to enter text.

11. Does this Waiver request apply to subrecipient(s)?

Choose an item.

12. If this Waiver requests applies to subrecipient(s), provide subrecipient grant number(s).

Click or tap here to enter text.

Waiver Request Details

Reminder: Only prime grant recipients may apply for a waiver. Prime grantees must submit requests on behalf of a subrecipient. AmeriCorps will not accept Waiver Request Forms received by subrecipients.

13. Are you requesting extension of an existing waiver?

Choose an item.

14. For waiver extension requests: please provide the existing waiver number found in your approval letter. For example: "NSCHC-2024-008".

Click or tap here to enter text.

15. Waiver is requested from the following NSCHC provisions:

*Select all that apply. Refer to the full* [*NSCHC regulations*](https://cnsgov.sharepoint.com/sites/Mod_Int/Shared%20Documents/Special%20Projects/NSCHC%20Waivers/Waiver%20Process%20and%20Communication/Refer%20to%20https:/www.ecfr.gov/current/title-45/subtitle-B/chapter-XXV/part-2540/subpart-B)*.*

§2540.200: Which entities are required to comply with the National Service Criminal History Check requirements in this part?

§2540.201: Which individuals require a National Service Criminal History Check?

§2540.202: What eligibility criteria apply to an individual for whom a National Service Criminal History Check is required?

§2540.203: May a grant recipient or subrecipient or service site establish and apply suitability criteria for individuals to work or serve in a position specified in §2540.201(a)?

§2540.204: What are the components of a National Service Criminal History Check?

§2540.205: By when must the National Service Criminal History Check be completed?

§2540.206: What procedural steps are required, in addition to conducting the National Service Criminal History Check described in 2540.204?

15.Describe the Waiver request in the text field below. The request should address the following:

1. Brief description of project/program (must include location and service activities of any recipients/subrecipient included in this request)
2. Explain why the NSCHC requirement/s cannot be met. Be specific about which elements of the requirements would vary from current policy. **If the request pertains only to specific individuals, please provide their first and last names. For waiver extension requests: please provide the existing waiver number found in your approval letter. For example: "NSCHC-2024-008".**
3. Describe the proposed alternative process to the NSCHC.
4. Explain how the program will employ methods to ensure safety of the beneficiaries (beyond NSCHC compliance requirements).
5. Provide any additional information relevant to explaining the reason for your request.

Click or tap here to enter text.

16.Does this Waiver request have supplemental documentation that was emailed to [NSCHCWaiverRequest@cns.gov](mailto:NSCHCWaiverRequest@cns.gov)?

Choose an item.

17. Have you reviewed your responses and are they complete?

*(A copy of your responses will be sent to the "Submitter Email" you provided. Please ensure that email address is correct.)*

AmeriCorps will review this request and notify grant recipients of the response determination or, if applicable, requests for clarification.

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