

National Service Criminal History Check – Exemption Request Form

Legal Applicant Name (PRIME):	
Name of Program (s):	
Grant Number (s) Impacted:	
Contact Individual:	

Please check each box to affirm that you are conducting the following steps:

- Verify identity with government photo identification
 - Document that you verified the individual’s identity with a government-issued photo ID
- Obtain and document written authorization prior to initiating checks
- Document that the individual understands selection is subject to Check results
- Complete NSOPW check before service/work begins
- Determine how and from where (sources) the checks (States/FBI) must be obtained
- Initiate appropriate State/FBI checks no later than the start of work/service
 - Document initiation of checks
- Pay for the checks
- Perform accompaniment while checks are pending
 - Document accompaniment while checks are pending and the individual has access to vulnerable populations.
 - Document when you received results for checks
- Maintain the results of the checks
 - Document that you conducted the checks
 - Maintain the results of the Check components: NSOPW, State(s), FBI
 - Document that you considered the results of the checks.
- Provide opportunity for review of findings
- Keep information confidential

THIS SECTION IS FOR EXEMPTION REQUESTS ONLY:

Please identify what type of exemption you are requesting:

- Cost Prohibitive**
If applying under **cost prohibitive**, please provide a detailed analysis of costs and burden as they compare to an increase in fees from a 2-part to a 3-part check.
- Prohibited by State Law**
If **prohibited by state law**, attach a copy of the statute or prohibition along with a legal analysis from either the Attorney General or legal counsel. Please submit where applicable a rejection letter from the CNCS designated repository.
 - State of Residence Check**
 - State of Service/Employment Check**
 - FBI Check**
 - Maintaining alternative results of the Check**
- Good Cause Exemption**

What to Include in Your Request:

1. Completed National Service Criminal History Check – Exemption Request Form (above)
2. Letter of Request (which should include);
 - a. **Background of your project/program**
 - b. **Background of the exemption being requested**
 - i. **Why** the requirements cannot be met? **Explain why** you are requesting an exemption and **describe the specific element(s)** of the requirements that you would be **exempt** from.
3. Attachments (if applicable)
 - a. **Letters of Denial from State Repository**
 - b. **Legal opinion on State law** prohibiting the program from complying with the requirements
 - c. Other documentation as necessary.

Submission Instructions

Send your exemption request to ASPRequests@cns.gov and copy your Program and Grants Officers. Subgrantees submit your request to your sponsoring prime grantee. If you have questions regarding these instructions or the requirements, contact your Program Officer.